

# 2001 UNIFORM BUSINESS REPORT (UBR)

UBR0938  
AR

DOCUMENT-# L00000000740

1. Entity Name  
ROY ADAMS, JR., CONSULTING, LLC

**FILED**

01 JAN 22 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2605 BERRYVINE PLACE VALRICO FL 33594	Mailing Address 2605 BERRYVINE PLACE VALRICO FL 33594
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

4. FEI Number <b>59-3609422</b>	Applied For Not Applicable
------------------------------------	-------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

ADAMS, WILLIAM ROY JR.  
2605 BERRYVINE PLACE  
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Wm. Roy Adams, Jr.* DATE **1-10-01**

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Wm. Roy Adams, Jr.  
2605 BERRYVINE PL. MGRM  
VALRICO, FL 33594*

**600003582296--8**  
-01/26/01--01136--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Wm. Roy Adams, Jr.* DATE: **1-10-01** Daytime Phone #: **913/684-9265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)