

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90102 029 ***158.75

DOCUMENT # L23315

1. Entity Name
ADAMS FLORIDA STATE INSURANCE, INC.

Principal Place of Business Mailing Address
%CARL R. ADAMS, JR. **%CARL R. ADAMS, JR.**
649 U.S. HWY 1 #11 **649 U.S. HWY 1 #11**
NORTH PALM BEACH FL 33408 **NORTH PALM BEACH FL 33408-0185**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
CARL R. ADAMS JR **CARL R. ADAMS JR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2065 RADNOR CT. **2065 RADNOR CT.**
 City & State City & State
NORTH PALM BEACH, FL **NORTH PALM BEACH, FL**
 Zip Country Zip Country
33408 **PALM BEACH** **33408** **PALM BEACH**

4. FEI Number Applied For
65-0150826 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, CARL R JR
649 U.S. HWY 1 #11
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
 Name **CARL R. ADAMS JR**
 Street Address (P.O. Box Number is Not Acceptable)
2065 RADNOR CT.
 City **NORTH PALM BEACH, FL** Zip Code **33408**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, CARL R JR 2065 RADNOR COURT N PALM BEACH FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl R. Adams Jr* **CARL R. ADAMS JR** 4-12-00 561-626-5613
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (9/99)