2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L61438 **DOCUMENT #**

1. Entity Name

ELISABETH ADAMS, P.A.

| | | | | | - WE | i | | | | | |
|--|---------------------------------|--|--|---------------------------------------|---|----------------------|----------------------------------|--------------------|------------------------------|-----------------|-----|
| rincipal Place of Business /O ELISABETH ADAMS 520 POINSETTA AVE. DRT MYERS FL 33901 | | | Mailing Address C/O ELISABETH ADAMS 1520 POINSETTA AVE. FORT MYERS FL 33901 | | | | | | | | |
| . Principal Pla | ace of Busines | SS | 3. Mailing Add | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | 4 . F | El Number 65-0182852 | | | olied For Applicable | | |
| Zip | | Country | Zip | Cou | untry | | Certificate of Status Desired | LJ F | 8.75 Additee Required | | |
| | C. Nows a | nd Address of Current | Penistered Ager | · · · · · · · · · · · · · · · · · · · | See | - 7. N | lame and Address of New F | legistered Ag | jent | | |
| | 6. Name a | nd Address of Current | registered Age. | , | Name | | | | | | |
| | ISETTIA AVE | | | | | ess (P.O. B | ox Number is Not Acceptable | 9) | | | i |
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| 4 3 3 | | | | | | | | | - Diamentale a | and accept | |
| i. The above the obligati | named entity ions of registe | submits this statement for red agent. | or the purpose of o | changing its regist | ered office or re | gistered ag | ent, or both, in the State of Fl | опоа. Тапта | Tillai Witti, a | ind accept | |
| SIGNATURE - | Signature, typed o | printed name of registered agent | and title if applicable. | (NOTE: Regist | ered Agent signature r | equired when re | einstating) | DATE | | | |
| · | ILE NOW!!! | FEE IS \$150.00 | | | | • | 9. Election Campaign Fi | | | 0 May Be | |
| After Make Check | r May 1, 2000 c Payable to | 3 Fee will be \$550.00 Florida Department o | of State | | | | Trust Fund Contribution | | | to Fees | |
| 10. | | OFFICERS AND | DIRECTORS | 1 | 1. | AD | DITIONS/CHANGES TO OF | FICERS AND I | DIRECTORS | 3 IN 11 | ړ ا |
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FILED Feb 06, 2003 8:00 am Secretary of State

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12. 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 10 or Block 11 if changed, or on an attachment with an application, with all other like empowered.

SIGNATURE:

Daytime Phone #