

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005341**

1. Entity Name
ADAMS DESIGN, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:57

Principal Place of Business
**1625 10TH AVENUE
VERO BEACH FL 32960**

Mailing Address
**1625 10TH AVENUE
VERO BEACH FL 32960-6232**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

510 DATE PALM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
VERO BEACH, FL

4. FEI Number

59 3594032

Applied For

Not Applicable

Zip

Country

Zip

Country

32963-1628

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FENNELL, TODD W ESQ
979 BEACHLAND BLVD
VERO BEACH FL 32963**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

rf 3/21/00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ADAMS, CHRISTINE D
1625 10TH AVENUE
VERO BEACH FL 32960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**800003180978--5
-03/22/00--01119--015
*****50.00 *****50.00** ☐ Change ☐ Addition

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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:

Christine D. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/6/00 (561)231-1727

Date Daytime Phone #

CR2E083 (9/99)