

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90223 028 ****61.25

DOCUMENT # N18591

1. Entity Name

ADAMS GARDEN OF SON SHINE, INC.

Principal Place of Business

Mailing Address

**853 SEMORAN BLVD
 STE 133
 CASSELBERRY FL 32707**

**853 SEMORAN BLVD
 STE 133
 CASSELBERRY FL 32707**

2. Principal Place of Business

1011 ALBERTA ST
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 522194
 Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-2800478

Applied For

Not Applicable

Zip

Country

32750

USA

Zip

Country

32752-2194

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, EARL R.
 853 SEMORAN BLVD
 STE 133
 CASSELBERRY FL 32707**

Name

Street Address (P.O. Box Number is Not Acceptable)

1011 ALBERTA STREET

City

LONGWOOD

FL

Zip Code

32750

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

Earl R. Adams

1-25-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ADAMS, EARL R.**
 CITY-ST-ZIP **853 SEMORAN BLVD- STE 133**
CASSELBERRY FL 32707

TITLE ☒ Change ☐ Addition
 NAME **1011 ALBERTA STREET**
 STREET ADDRESS **Longwood, FL 32750-6321**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RUSSELL, FREDERICK**
 CITY-ST-ZIP **1687 CANOG CREEK RD**
OVIDO FL 32766

TITLE ☒ Change ☐ Addition
 NAME **1687 CANOE CREEK RD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DTS**
 STREET ADDRESS **ADAMS, GLENDA L.**
 CITY-ST-ZIP **1011 ALBERTA ST**
LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Earl R. Adams

1-25-02

407 7670200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)