

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90003 040 ***158.75

DOCUMENT # P00000030327

1. Entity Name

ADKINS & GREEN, INC.**900359**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 7012 VALRIE LANE RIVERVIEW FL 33569	Mailing Address 7012 VALRIE LANE RIVERVIEW FL 33569
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2. Principal Place of Business 801 N. Armenia Ave Suite, Apt. #, etc.	3. Mailing Address 801 N. Armenia Ave Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33609	Zip 33609
Country USA	Country USA

4. FEI Number 59-3633660	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134
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7. Name and Address of New Registered Agent Name: Gary L. Green Street Address (P.O. Box Number is Not Acceptable): 801 N. Armenia Ave City: Tampa FL Zip Code: 33609

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

1-9-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ADKINS, JACKIE D 7012 VALRIE LANE RIVERVIEW FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	801 N. Armenia Ave Tampa, FL 33609 <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	Vice President Gary Green 801 N. Armenia Ave Tampa, FL 33609 <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
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-01

Daytime Phone #

813
251-3410

0337366

CR2E034 (10/00)