

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90230 001 ***150.00

DOCUMENT # P00000048170

1. Entity Name
THE ADAMS LAW FIRM, P.A.



Principal Place of Business
**1510 E. COLONIAL DR
STE210
ORLANDO FL 32803**

Mailing Address
**1510 E. COLONIAL DR
STE210
ORLANDO FL 32803**

70013050



2. Principal Place of Business
1516 E. Colonial Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

4. FEI Number **59-3646913**

Applied For
Not Applicable

Zip **32803** Country **USA**

Zip Country

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, TARQUIN
1061 MAITLAND CENTER COMMONS
MAITLAND FL 32751**

Name

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

1516 E. Colonial Drive

Suite 210

City **Orlando**

FL

Zip Code **32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ADAMS, EDGAR**
STREET ADDRESS **1061 MAITLAND CENTER COMMONS**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1516 E. Colonial DR, #210**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **D** ☐ Delete
NAME **ADAMS, TARQUIN**
STREET ADDRESS **1061 MAITLAND CENTER COMMONS**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1516 E. Colonial Drive, #210**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

(407) 228-8828

Daytime Phone #

CR2E034 (10/02)