

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90155 041 ***150.00

DOCUMENT # *P010000 41735*

1. Entity Name

Gaylen and Joyce Adkins Enterprises, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4542 Slippery Rock Rd.
Suite, Apt. #, etc.

3. Mailing Address

4542 Slippery Rock Rd.
Suite, Apt. #, etc.

30000000

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey Florida

City & State

New Port Richey Florida

4. FEI Number

52-2313601

Applied For

Not Applicable

Zip

Country

34653

Pasco

Zip

Country

34653

Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gaylen Adkins

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

4542 Slippery Rock Road

City

New Port Richey

FL

Zip Code

34653

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*P
Gaylen Adkins
4542 Slippery Rock Road
New Port Richey, FL 34653*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*V.T.S.
Joyce Adkins
4542 Slippery Rock Rd.
New Port Richey, FL 34653*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce Adkins, Joyce Adkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03 *727-836-9985*
Date Daytime Phone #

CR2E034B (12/02)