

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90076 037 \*\*\*150.00

**DOCUMENT # P01000064640**

1. Entity Name

**ADA JOINT VENTURES, INC.**

Principal Place of Business

**514 S 52 ST  
 TAMPA FL 33619**

Mailing Address

**514 S 52 ST  
 TAMPA FL 33619**

2. Principal Place of Business

**2302 Lake Woodberry Circle**  
 Suite, Apt. #, etc.

3. Mailing Address

**2302 Lake Woodberry Circle**  
 Suite, Apt. #, etc.

City & State

**Brandon, FL**  
 Zip **33510** Country **USA**

City & State

**Brandon, FL**  
 Zip **33510** Country **USA**

4. FFL Number

**59-3732490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, VINCENT  
 514 S 52 ST  
 TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name **Vincent Maxwell**  
 Street Address (P.O. Box Number is Not Applicable)  
**2302 Lake Woodberry Circle**  
 City **Brandon** FL **33510**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/14/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MAXWELL, VINCENT</b>
STREET ADDRESS	<b>514 S 52 ST</b>
CITY-ST-ZIP	<b>TAMPA FL 33619</b>
TITLE	<b>VST</b> <input type="checkbox"/> Delete
NAME	<b>TYNDELL, ALPHONSO</b>
STREET ADDRESS	<b>4207 CHARLEY FOREST ST</b>
CITY-ST-ZIP	<b>OLNEY MD 20832</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/02 (767) 460-1022**  
 Daytime Phone #

CR2E034 (9/01)