2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91526 020 ***150.00

DOCUMENT # P01000075685

1. Entity Name
ADAMS MARKETING CO. INC.

Principal Place of Business	Mailing Address
9705 LAKE BESS RD 242 WINTER HAVEN, FL 33884	9705 LAKE BESS RD 242 WINTER HAVEN, FL 33884

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
90705 LAKE BESS Rd	SAME
Suite, Apt. #, etc.: # 242	Suite, Apt. #, etc.
City & State: WINTER HAVEN FL	City & State
Zip: 33884 — Country: USA	Zip — Country

4. FEI Number: 39-1894881 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATT, RUTH ANN L
3913 CYPRESS LANDING NORTH
WINTER HAVEN, FL 33884
OLD ADDRESS

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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

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

TITLE	PTS	☐ Delete
NAME	PRATT, RUTHANN L	
STREET ADDRESS	9705 LAKE BESS ROAD 242	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Ruth Ann L. Pratt — 4-26-03 — 863-318-8129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RUTH ANN L. PRATT