

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91388 038 ***150.00

DOCUMENT # P01000096226

1. Entity Name
L.B. ADAMS ENTERPRISES INC.



Principal Place of Business
**9066 FLORIBUNDA DR
ORLANDO FL 32818**

Mailing Address
**9066 FLORIBUNDA DR
ORLANDO FL 32818**

2. Principal Place of Business

499 Queensbridge Dr.

Suite, Apt. #, etc.

3. Mailing Address

499 Queensbridge Dr.

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

4. FEI Number

59-3746273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, LADONNA
9066 FLORIBUNDA DR
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name

Ladonna Adams

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

499 Queensbridge Dr.

City

Lake Mary

FL

Zip Code

32746

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

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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 **PD** ☐ Delete
NAME **ADAMS, LADONNA**
STREET ADDRESS **9066 FLORIBUNDA DR**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **VD** ☐ Delete
NAME **CAROL, PERRY V**
STREET ADDRESS **9066 FLORUBUADA DR**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

Date

4/24/03 407-362-3777

Daytime Phone #

CR2E034 (10/02)