

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90093 017 \*\*\*150.00

**DOCUMENT # P02000014367**

1. Entity Name  
**ADAMS HOME AND BUILDING SERVICES, INC**



Principal Place of Business  
**866 WELCH HILL CIR  
APOPKA FL 32712**

Mailing Address  
**866 WELCH HILL CIR  
APOPKA FL 32712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**33-0994655**

Applied For

Not Applicable

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, THEON SR  
866 WELCH HILL CIR  
APOPKA FL 32712**

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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Theon Adams  
866 Welch Hill Cir  
APOPKA FL 32712**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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

**8/26/03**

Date

**407 521-7595**

Daytime Phone #

CR2E034 (4/03)

**Adams Home & Building Service, Inc**

ATTACHMENT

80142084

# P02000014367

866 Welch Hill Cir  
Napoka, FL 32712  
USA

Phone (407) 521-7595  
Fax (407) 884-8092



August 26, 2003

To whom it may concern,

We did not receive the prior notice of the 2003 uniform business report, please waive the late fees.

Enclosed is a check for \$150.00 and the 2003 uniform business report.

Thank you.

Sincerely,

Theon Adams  
President