

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-29-2003 90320 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048841

1. Entity Name
ADAMS LANDSCAPING AND LAWN SERVICES, INC.



Principal Place of Business
508 W. 29TH ST.
RIVIERA BCH FL 33404

Mailing Address
508 W. 29TH ST.
RIVIERA BCH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0488346

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOUGH, MICHAEL J
11380 PROSPERITY FARMS RD., SUITE 112
PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name ALSTON ADAMS

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

508 W. 29th Street

Riviera Bch, FL 33404

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 *Alston Adams*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/23/2003

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 NAME
D ADAMS, ALSTON
STREET ADDRESS
508 W. 29TH ST.
CITY-STATE-ZIP
RIVIERA BCH FL 33404

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

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STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

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☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

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 *Alston Adams* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/23/2003 Phone

CR2E034 (10/02)