2003 FOR PROFIT CORPORATION

P93000027090

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

ADKINS PROFESSIONAL SERVICES, INC.



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90293 040 ***150.00

16130 LK. SA TAVARES FL		Mailing Address 16130 LK, SAUNDERS DR TAVARES FL 32778							
US		US							
3100	Northwind Dr	3. Mailing Address 3100 Northu	vind br	·.	(1884) ABI 118 36198 14111 68114 881	 	8811 BB118	i kitti gali (84)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE	F MAKING CH	ANGES		
City & Star	fis, f2	City & State Cashis FC			4. FEI Number 59-3172978			pplied For at Applicable]
^{Zip} 327	726 Country USA	32726-	Country - USA=		5. Certificate of Status Desired		75 Add Require		_
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New R	egistered Ager	it		1
ADKINS-MADDY, MICHELLE L				11		<u></u>			
16130 LK SAUNDERS DR			Street A	ddress (P.0	D. Box Number is Not Acceptable				
TAVARES	FL 32778								
			City			FL	Zip Cod	Э	1
	named entity submits this statement for	the purpose of changing its reg	istered office or	registered	agent, or both, in the State of Flo	rida. I am famil	iar with,	and accept	1
the obligat	tions of registered agent	Alkin - MA	. DI			11/-	ala	, ** >	}
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	gisterec/Agent signatu	ire required wh	nen reinstating)	DATE!	2/0		
	ILE NOW!!! FEE IS \$150.00								1
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Fin Trust Fund Contribution	~ ~		0 May Be I to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ps7	ADDITIONS/CHANGES TO OFFI	/////////////////////////////////////		S IN 11	1_
TITLE	PST ADKINS-MADDY, MICHELLE L	☐ Delete	TITLE NAME	Mid	hele L. Adkins-1		Change	Addition	CR2E034 (10/02)
NAME STREET ADDRESS	16130 LK SAUNDERS DR		STREET ADDRESS		Ais FC 32726	Š			4 T
CiTY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	G		, 			
TITLE	VP 🔩 💢	☐ Delete	TITLE	101	lly Edward &-	X	Change	☐ Addition	CR2
NAME STREET ADDRESS	MADDY, EDWARD E		NAME STREET ADDRESS	710	Worthwind Dr.				
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	Eus	fis, FC 32726				
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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

SIGNATURE: