

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000016717**

1. Entity Name

ADAPT COMMUNICATION SUPPLY CO. S. FL. INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90010 036 ***150.00

0900190
1A

Principal Place of Business

**6545 E ROGERS CIR
BOCA RATON FL 33487**

Mailing Address

**8000 W FLORISSANT AVE #3854
SAINT LOUIS MO 63136****B0022714**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5030 Champion Blvd.

3. Mailing Address

Suite, Apt. #, etc.
#6-131

Suite, Apt. #, etc.

City & State
Boca Raton, FL 33496

City & State

Zip
33496Country
USA

Zip

Country

4. FEI Number

65-0470841

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, H M 7025 WASHINGTON SAINT LOUIS MO 63130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO BEVIS, H C 110 SUFFOLK LN LAKE FOREST IL 60045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KERNES, A M 3103 N ANDREWS AVE POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF COURTRIGHT, R B 21 ROSE BAY LN GREENSBORO NC 27455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LATINKINCH, D 6545 E ROGERS CIR BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT MOON, D C 15907 CYPRESS TRACE CT CHESTERFIELD MO 63017	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary Smith, H.M. 7025 Washington St. Louis, MO 63130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/CEO Bevis, H.C. 110 Suffolk Ln. Lake Forest, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Rabe, D.J. 8000 W. Florissant Ave. St. Louis, MO 63136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David C. Moon*
David C. Moon
President & Asst. Treasurer 1/17/02 314-553-2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)