

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018467

1. Entity Name

ADAMS MANAGEMENT GROUP, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90109 048 ***150.00

Principal Place of Business

Mailing Address

5776 SENEGAL DRIVE
JUPITER FL 33458-3473

5776 SENEGAL DRIVE
JUPITER FL 33458-3473

2. Principal Place of Business

3. Mailing Address

P.O. Box 7855

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER FL

4. FEI Number

65-0475501

Applied For

Not Applicable

Zip

Country

Zip

Country

33468-7855 U.S.

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, DAVID M
5776 SENEGAL DRIVE
JUPITER FL 33458-3473

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	ADAMS, DAVID M.	
STREET ADDRESS	5776 SENEGAL DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ADAMS, AILEEN W.	
STREET ADDRESS	5776 SENEGAL DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Aileen W Adams* AILEEN W ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 561 745-0424

Date Daytime Phone #

CR2E034 (9/99)