

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90035 033 ***150.00

0512876

DOCUMENT # P94000018467

1. Entity Name

ADAMS MANAGEMENT GROUP, INC.

Principal Place of Business

**5776 SENEGAL DRIVE
 JUPITER FL 33458-3473**

Mailing Address

**PO BOX 7855
 JUPITER FL 33468-7855
 US**

2. Principal Place of Business

340 KINGFISHER DR

3. Mailing Address

P.O. BOX 7855

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JUPITER FL

City & State

JUPITER FL

4. FEI Number

65-0475501

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33468-7855

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, DAVID M
 5776 SENEGAL DRIVE
 JUPITER FL 33458-3473**

7. Name and Address of New Registered Agent

Name

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

340 KINGFISHER DR

City

JUPITER

FL

Zip Code

33458

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

4-12-01

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, 2001 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** ☐ Delete
 NAME **ADAMS, DAVID M.**
 STREET ADDRESS **5776 SENEGAL DRIVE**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☒ Change ☐ Addition
 NAME **340 KINGFISHER DR**
 STREET ADDRESS **JUPITER FL 33458**

TITLE **VS** ☐ Delete
 NAME **ADAMS, AILEEN W.**
 STREET ADDRESS **5776 SENEGAL DRIVE**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☒ Change ☐ Addition
 NAME **340 KINGFISHER DR**
 STREET ADDRESS **JUPITER FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AILEEN W ADAMS VP 4-13-01 745-0424

CR2E034 (10/00)