

5/21.

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91169 012 \*\*\*150.00

**DOCUMENT # P96000104374****1. Entity Name**  
**ADAMS CONSULTANTS, INC.****Principal Place of Business****Mailing Address****11441 BEACON DRIVE**  
**JACKSONVILLE FL 32225****11441 BEACON DRIVE**  
**JACKSONVILLE FL 32225****2. Principal Place of Business****Surfside Beach Mo**  
Suite, Apt. #, etc.**3. Mailing Address****PO Box 756**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State****Surfside Beach Mo****City & State****Surfside Beach Mo****4. FEI Number****59-3417412****Applied For****Not Applicable****65079-0750 Camden****65079-0750 Camden****5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****ADAMS, JULIANNA**  
**11441 BEACON DR**  
**JACKSONVILLE FL 32225****7. Name and Address of New Registered Agent****Adams, Julianne Michael Adams**  
**PO Box 756 3459 Fan Palm, BLVD.**  
**Surfside Beach Mo Metbourne Fl.**  
**FL 32901****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** *Julianne Adams* **Michael D. Adams**  
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** ☐ **\$5.00 May Be**  
**Trust Fund Contribution. Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **P** ☐ Delete  
**NAME** **ADAMS, JULIANNA**  
**STREET ADDRESS** **PO Box 756**  
**CITY-ST-ZIP** **11441 BEACON DR**  
**JACKSONVILLE FL 32225** **Surfside Beach****TITLE** ☐ Delete  
**NAME** **Mo.**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME** **Michael D. Adams**  
**STREET ADDRESS** **3459 Fan Palm Blvd.**  
**CITY-ST-ZIP** **Metbourne Fl 32901**  
**↑ Vice Pres.****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**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:** *Michael D. Adams* **April 26-02** **573-374-1194**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**Michael D. Adams** **Sept 10-02** **321-952-2423**

CR2E034 (9/01)