

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90092 001 ***150.00

DOCUMENT # P97000001484

1. Entity Name
ADAMS ARC, INC.

Principal Place of Business
**11415 59TH ST. N.
 ROYAL PALM BEACH FL 33411
 US**

Mailing Address
**11415 59TH ST N.
 ROYAL PALM BEACH FL 33411
 US**

2. Principal Place of Business
275 Cypress Trace
 Suite, Apt. #, etc.

3. Mailing Address
275 Cypress Trace
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Royal Palm Beach
 Zip **33411** Country

City & State,
Royal Palm Beach
 Zip **33411** Country

4. FEI Number **65-0722267** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, ANNA M
 11415 59TH ST. N.
 ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
275 Cypress Trace
 City **Royal Palm Beach 1 FL** Zip Code **33411**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DP** Delete
 NAME **ADAMS, ANNA M**
 STREET ADDRESS **11415 59TH ST. N.**
 CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **275 Cypress Trace**
 CITY-ST-ZIP **Royal Palm Beach FL 33411**

TITLE **DST** Delete
 NAME **ADAMS, JOHN Q**
 STREET ADDRESS **11415 59TH ST. N.**
 CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **275 Cypress Trace**
 CITY-ST-ZIP **Royal Palm Beach FL 33411**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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: Anna M. Adams **Anna M. Adams** 4/17/01 (561) 793-8612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)