

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90146 022 ***150.00

DOCUMENT # P97000001484



1. Entity Name
ADAMS ARC, INC.

Principal Place of Business
~~275 CYPRESS TRACE~~
ROYAL PALM BEACH FL 33411
US

Mailing Address
~~275 CYPRESS TRACE~~
ROYAL PALM BEACH FL 33411
US



2. Principal Place of Business
15105 ROBERTS WAY
Suite, Apt. #, etc.

3. Mailing Address
15105 ROBERTS WAY
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LOXAHATCHEE FL

City & State
LOXAHATCHEE FL

4. FEI Number 65-0722267 Applied For
Not Applicable

Zip 33470 Country USA Zip 33470 Country USA

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

6. Name and Address of Current Registered Agent
ADAMS, ANNA M
~~275 CYPRESS TRACE~~
~~ROYAL PALM BEACH FL 33411~~

7. Name and Address of New Registered Agent
Name
ADAMS, ANNA M
Street Address (P.O. Box Number is Not Acceptable)
15105 ROBERTS WAY
City Loxahatchee FL Zip Code 33470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anna M. Adams ANNA M. ADAMS Pres. 3/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, ANNA M 275 CYPRESS TRACE WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, ANNA M 15105 ROBERTS WAY LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADAMS, JOHN Q 275 CYPRESS TRACE WEST PALM BEACH FL 33411 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anna M. Adams ANNA M ADAMS PRESIDENT 3/20/03 (561) 793-8612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)