

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
 05-24-2001 90322 044 ***150.00

DOCUMENT # *P97000037330*
1. Entity Name *E-T. Adams Inc*
NO NICK

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
1213 Denzmore Dr *1810 Sable Drive*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Winter Park FL *Deerfield Beach FL*
Zip **Country** **Zip** **Country**
32792 *33442*

6. Name and Address of Current Registered Agent

4. FF Number **Applied For**
59-3446053 ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name *Ryan, EDWARD*
Street Address (P.O. Box Number is Not Acceptable) *1213 Denzmore Drive*
City *Winter Park* **FL** **Zip Code** *32792*

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 *Edward J Ryan* **DATE** *4/30/01*
 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. ☐ **FILE NOW!! After MAY 1, 2001 Make Check Payable to Department of State** **FEE IS \$150.00 Fee will be \$550.00 to Department of State**
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 no 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; 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: *Edward J Ryan* **DATE** *4/30/01*
 Signature and typed or printed name of signing officer or director

CR2E034 (11/00)