

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**  
09-12-2001 90001 016 \*\*\*550.00

**1. Entity Name**  
**BEVERLY ADAMS, INC.**

Mailing Address  
3930 SOUTH ROOSEVELT BLVD. E211  
KEY WEST FL 33040

3. Mailing Address  
P.O. Box 307

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State  
Key West, FL

Zip	Country
33041	US

4. FEI Number <b>65-0757108</b>	Applied For
	Not Applicable

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

ADAMS, BEVERLY  
3930 SOUTH ROOSEVELT BLVD, E211  
KEY WEST FL 33040

7. Name and Address of New Registered Agent		
Name	James NURKIEWICZ	
Street Address (P.O. Box Number is Not Acceptable)	809 WASHINGTON ST.	
City	KEY WEST FL	Zip Code 33040

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 Sue Adams (NOTE: Registered Agent signature required when reinstating) DATE 8-30-01  
Signature, typed or printed name of registered agent and title if applicable.

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$550.00</b>  <b>After September 12, 2001 Fee will be \$750.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11.	OFFICERS AND DIRECTORS
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, BEVERLY	
STREET ADDRESS	3930 SOUTH ROOSEVELT BLVD, E211	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	<div> <input checked="" type="checkbox"/> Change         <input type="checkbox"/> Addition       </div>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

P.O. Box 307  
 Key West, FL 33041

TITLE	SD	<input type="checkbox"/> Delete
NAME	NURKIEWICZ, JAMES	
STREET ADDRESS	3930 SOUTH ROOSEVELT BLVD, E211	
CITY- ST- ZIP	KEY WEST FL 33040	

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	809 Washington ST.		
STREET ADDRESS	Key West, FL 33040		
CITY- ST- ZIP			

TITLE	DRIVER	<input type="checkbox"/> Delete
NAME	WOOD, CLARENCE	
STREET ADDRESS	2437 ILLINOIS AVENUE	
CITY - ST - ZIP	GRANITE CITY FL 62040	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	-		
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: James Ambrose **SIGNATURE REQUIRED** **8-31-9** **(303) 304-3382**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NR06024 DIV

CR2E034 (5/01)