

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90416 016 ***150.00

DOCUMENT # P990000000479
 1. Entity Name **ADAMS CANVAS+MARINE, INC**

Principal Place of Business Mailing Address
810 EAST WALLACE STREET 810 EAST WALLACE STREET
ORLANDO, FL 32809 ORLANDO, FL 32809

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3548126** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, CHRISTINE
6318 SUNSHINE STREET
ORLANDO, FLORIDA 32818

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PV	<input type="checkbox"/> Delete
NAME	ADAMS, CHRISTINE	
STREET ADDRESS	6318 SUNSHINE STREET	
CITY - ST - ZIP	ORLANDO, FLORIDA 32818	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Wallace, James	
STREET ADDRESS	1583 Amboy Dr.	
CITY - ST - ZIP	Deltona, FL 32738	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Adams, Steve	
STREET ADDRESS	6318 Sunshine St.	
CITY - ST - ZIP	Orlando, Florida 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV (only)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Christine	
STREET ADDRESS	6318 Sunshine St.	
CITY - ST - ZIP	Orlando, Florida 32818	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wallace, James	
STREET ADDRESS	1583 Amboy Dr.	
CITY - ST - ZIP	Deltona, FL 32738	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	As Secretary	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **CHRISTINE ADAMS, PV** 4/30/02 407-855-9988
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #