

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
 03-15-2000 90126 008 \*\*\*150.00

**DOCUMENT # P99000004075**

1. Entity Name

**ADAMS STUDIO, INC.**

Principal Place of Business

Mailing Address

9965 SAN JOSE BLVD., #41  
 JACKSONVILLE FL 32257

8750 PERIMETER PARK BLVD.  
 JACKSONVILLE FL 32216-6347

2. Principal Place of Business

**6320 ST. AUGUSTINE ROAD**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1

City & State

**JACKSONVILLE, FL**

City & State

4. FEI Number

**59-3549755**

Applied For

Not Applicable

Zip

Country

**32217**

**DUVAL**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75**

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, JEFFREY G**  
**9965 SAN JOSE BLVD., #41**  
**JACKSONVILLE FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

**6320 ST. AUGUSTINE ROAD, #1**

City

**JACKSONVILLE**

**FL**

Zip Code

**32217**

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

*Jeffrey G. Adams*

**JEFFREY G. ADAMS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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		<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
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADAMS, JEFFREY G</b>	
STREET ADDRESS	<b>2706 ADELE ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADAMS, KAREN C.</b>	
STREET ADDRESS	<b>2706 ADELE ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>	
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		
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:

*Jeffrey G. Adams*

**JEFFREY G. ADAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**904/260-9700**

Daytime Phone #

CR2E034 (9/99)