

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007578

1. Entity Name

TIMMY S. ADAMS SALES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90087 003 ***150.00

Principal Place of Business

Mailing Address

28801 TRENTON COURT
BONITA SPRINGS FL 34134

28801 TRENTON COURT
BONITA SPRINGS FL 34133-2133

2. Principal Place of Business

11215 Old Tampa Rd.

3. Mailing Address

P.O. Box 963

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Parish FL

City & State

Ellenton FL

4. FEI Number

59-3562854

Applied For

Not Applicable

Zip

34219

Country

USA

Zip

34222

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, TIMMY S
28801 TRENTON COURT
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

Timmy S. Adams

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

11215 Old Tampa Rd.

City Parish

FL

Zip Code

34219

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 Timmy S. Adams President

(NOTE: Registered Agent signature required when reinstating)

April 13 2000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ADAMS, TIMMY S
CITY-ST-ZIP 28801 TRENTON COURT
BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME D
STREET ADDRESS ADAMS, MICHELE
CITY-ST-ZIP 28801 TRENTON COURT
BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Timmy S. Adams
CITY-ST-ZIP 11215 Old Tampa Rd
Parish FL 34219

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Michele Adams
CITY-ST-ZIP 11215 Old Tampa Rd
Parish FL 34219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Timmy S. Adams Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13 2000

Date

941-721-1702

Daytime Phone #

CR2E034 (9/99)