

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90025 010 \*\*\*150.00

0030244

**DOCUMENT # P99000041578**

1. Entity Name  
**ADAMCO NURSERIES, INC.**

Principal Place of Business  
**3315 STEVE ROBERTS SPECIAL  
 ZOLFO SPRINGS FL 33890**

Mailing Address  
**3315 STEVE ROBERTS SPECIAL  
 ZOLFO SPRINGS FL 33890**

2. Principal Place of Business  
*3315 Steve Roberts Special*  
 Suite, Apt. #, etc.

3. Mailing Address  
*3315 Steve Roberts Special*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*Zolfo Springs, FL*  
 Zip Country  
*33890 U.S.*

City & State  
*Zolfo Springs, FL*  
 Zip Country  
*33890 U.S.*

4. FEI Number **65-0917813** Applied For  
 Not Applicable

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**

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, RICHARD	
STREET ADDRESS	3315 STEVE ROBERTS SPECIAL	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADAMS, BARBARA	
STREET ADDRESS	3315 STEVE ROBERTS SPECIAL	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ADAMS, JAMES E SR.	
STREET ADDRESS	3315 STEVE ROBERTS SPECIAL	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
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		

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		
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: *Richard Adams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-16-01* Daytime Phone #: *863-235-1985*

CR2E034 (10/00)