## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P99000055202

1. Entity Name

ADAMS WORLD, INC.



## FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90240 004 \*\*\*150.00

Mailing Accress   Mailing Accress   211 SURET OR BUSTIS FL 32728   2273 SURET OR BUSTIS FL 32728 SURET					<i>y</i>	
Sulfe, Ap. 4, etc.    Corp. & State	2311 SUNSET	DR	2311 SUNSET DR	· · · · · · · · · · · · · · · · · · ·		
City & State	2. Principal Place of Business		3. Mailing Address			ili
Typ Country Zip Country 5. Certificate of Status Degited   \$8.75 Additional Fee Projection   \$8.75 Additional   \$8.75 Add	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Street Address (P.O. Bow Number is Not Acceptable)  Street Address (P.O. Bow Number is Not Acceptable)  Street Address (P.O. Bow Number is Not Acceptable)  City  FL  Zip Cod  City  City  FL  Zip Cod  City  Added to Fee  Trust Fund Contribution  Added to Fee  Added t	City & State		City & State		59-3585382	$\overline{}$
Name	Zip	Country	Zip	Country		
HEDRICK, EDGAR J III 315 E. ROBINSON STREET SUITE 600 ORLANDO FI 32801  City FL Zip Code  City FL Zip Code  City FL Zip Code  B. The above named antity submighthis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  SIG		6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent	
SUITE 600 ORLANDO FL 32801  8. The above named entity submigs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the objective displayers of registered agent and still a purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the objective displayers of registered agent and still a purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the objective displayers of registered agent ag	HEDRICK,	EDGAR J III	-			$\Box$
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    Signature, hypod or printed lights of registered signature into the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    FILE NOW!!! FEE is \$150.00		100 March 100 Ma			ess (1.0. Dox Notifide) is Not Acceptable)	
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee wild be \$550.00 Make Check Payable to Florida Popartment of State  10.	ORLANDO FL 32801 🕟 👸			City	FL Zip Code	$\dashv$
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			nent for the purpose of changing its	s registered office or regist	istered agent, or both, in the State of Florida. I am familiar with, and accom-	ept
After May 1, 2003 Fee will be \$50,00 May Be Make Check Payable to Florida Department of State  10.	SIGNATURE.	Signature, typed or printed name of registered	d agent and title if applicable. (NOT	E: Registered Agent signature requi	quired when reinstating) DATE	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D #Section   Delete	After May 1, 2003 Fee will be \$550.00					
TITLE D PROFITE ADDRESS CITY-ST-ZIP  TITLE D Palete ADAMS, CARL MI STREET ADDRESS CITY-ST-ZIP  TITLE D ADAMS, LAURA DOTY STARP TRIVE TAVARES FL 32778  TITLE D ADAMS, LAURA DOTY STARP TRIVE TAVARES FL 32778  TITLE NAME STREET ADDRESS CITY-ST-ZIP				11	ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	D ADAMS, CARL M III 31125 INDUSTRY DRIVE		TITLE NAME		ition 6
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03 (352)316-7699 Date Date Devime Phone \*