2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000085625** 1. Entity Name ADAM FINANCIAL SERVICES, INC. 05-01-2000 90416 025 ***150.00 Mailing Address Principal Place of Business 10410 ISLANDER DRIVE 10410 ISLANDER DRIVE BOCA RATON FL 33498-6310 **BOCA RATON FL 33498** 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARISH, ILLYCE J 10410 ISLANDER DRIVE **BOCA RATON FL 33498** 8. The above named entity submits this statement for the purpose of changing its registered office of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Delete TITLE TITLE BARISH, ILLYCE J NAME NAME 10410 ISLANDER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Addition. TITLE TITLE □ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE JJJLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #