

2000 UNIFORM BUSINESS REPORT (UBR)

06-04-2001 90013031 ***750.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 12:57

RR059069



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000097036			
1. Entity Name ADMIRAL CANVAS, INC.			
Principal Place of Business 6412 MELALEUCA LANE GREENACRES FL 33463		Mailing Address 6412 MELALEUCA LANE GREENACRES FL 33463-3817	
2. Principal Place of Business 846 N Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 2700 PGA Blvd Suite, Apt. #, etc. 201	
City & State: Lantana, FL		City & State: Palm Bch. Gardens, FL	
Zip 33462		Zip 33410	
Country USA		Country USA	
4. FEI Number 05-0241703		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COOPER, WARREN 846 NO DIXIE HWY LANTANA FL 33462		7. Name and Address of New Registered Agent Name: Rhonda Bowling Street Address (P.O. Box Number is Not Acceptable): 2700 PGA Blvd - Suite 201 City: Palm Bch. Gardens FL Zip Code: 33418	
8. The above named entity submits this statement for the purpose of changing it: registered officer or registered agent, or both, in the State of Florida. SIGNATURE: Rhonda Bowling - Accountant (Signature, typed or printed name of registered agent and title if applicable) Rhonda Bowling 7/26/00 (Typed name and date)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Pres/Secretary Warren Cooper 7 Hathaway Lane Wilton Manors FL 33306	
		600004468886 -07/10/01--01021--031 ****150.00 ****150.00	
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 empowers.			
SIGNATURE:		10-11-00 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

501R2E034 (9/99)

SP