2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF

FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # 189722** 1. Entity Name TIDES ADMIRAL CORPORATION 05-15-2000 90263 026 ***150.00 Mailing Address Principal Place of Business P.O. BOX 1379 BOX 1379 VACACANV TULSA OK 33738-8337 TULSA OK 74101-1379 2. Principal Place of Business 3. Mailing Address P.O. Box 8337 6400 GULE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-6068179 Not Applicable KEDINKTON BEACH 57. BURG \$8.75 Additional Countre Zip Country 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORE, TUCKER Street Address (P.O. Box Number is Not Acceptable) 16400 GULF BOULEVARD, SUITE 507 **REDINGTON BEACH FL 33708** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change **PST** TITLE □ Delete TITLE NAME MOORE, C T NAME STREET ADDRESS STREET ADDRESS 16400 GULF BOULEVARD, SUITE 507 CITY-ST-ZIP CITY-ST-ZIP REDINGTON BEACH FL 33708 ☐ Change Addition TITI F ☐ Delete TITLE CARTWRIGHT, JAY NAME NAME STREET ADDRESS STREET ADDRESS 5314 PALOMINO RD CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85018 Addition ☐ Delete ☐ Change TITLE TITLE CARTWRIGHT, MARY K NAME NAME STREET ADDRESS STREET ADDRESS 5309 E PALOMINO RD. CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85018 ☐ Change Addition ☐ Delete TITLE ۷D TITLE MOORE, MELISSA A NAME NAME STREET ADDRESS STREET ADORESS 16400 GULF BOULEVARD, SUITE 507 CITY-ST-ZIP CITY-ST-ZIE **REDINGTON BEACH FL 33708** Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.

Daytime Phone #

Date