2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am Secretary of State **DOCUMENT # 189722** TIDES ADMIRAL CORPORATION 05-05-2001 90818 042 ***150.00 Principal Place of Business Mailing Address 16400 GULF BLVD PO BOX 8337 UNIT # 507 SAINT PETERSBURG-FL-38708 ST PETERSBURG FL 33738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6068179 REDINGTON BEACH Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3<u>3708</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, TUCKER Street Address (P.O. Box Number is Not Acceptable) 16400 GULF BOULEVARD, SUITE 507 REDINGTON BEACH FL 33708 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 **PST** CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition MOORE, C T NAME NAME STREET ADDRESS 16400 GULF BOULEVARD, SUITE 507 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REDINGTON BEACH FL 33708 TITLE Delete TITI F Change ☐ Addition NAME CARTWRIGHT, JAY NAME STREET ADDRESS 5314 PALOMINO RD STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85018 CITY-ST-ZIP ٧D THE ☐ Delete TITLE Change Addition NAME CARTWRIGHT, MARY K NAME STREET ADDRESS 5309 E PALOMINO RD. STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85018 CITY-ST-ZIP ٧D ☐ Delete TITLE Change Addition MOORE, MELISSA A NAME STREET ADDRESS STREET ADDRESS 16400 GULF BOULEVARD, SUITE 507 CITY-ST-ZIP ÇITY-ST-ZIP REDINGTON BEACH FL 33708 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/a/

Daytime Phone #