

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90038 040 ***150.00

DOCUMENT # 189722

1. Entity Name
TIDES ADMIRAL CORPORATION

Principal Place of Business

**16400 GULF BLVD
 UNIT # 507
 REDINGTON BEACH FL 33708
 US**

Mailing Address

**PO BOX 8337
 ST PETERSBURG FL 33738
 US**

2. Principal Place of Business

5309 E. Palomino Road
 Suite, Apt. #, etc.

3. Mailing Address

5309 E. Palomino Road
 Suite, Apt. #, etc.

City & State

Phoenix AZ

City & State

Phoenix AZ

4. FEI Number

59-6068179

Applied For
 Not Applicable

Zip

85018

Country

US

Zip

85018

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MOORE, TUCKER
 16400 GULF BOULEVARD, SUITE 507
 REDINGTON BEACH FL 33708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PST** ☒ Delete
 NAME **MOORE, C T**
 STREET ADDRESS **16400 GULF BOULEVARD, SUITE 507**
 CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE **S** ☐ Delete
 NAME **CARTWRIGHT, JAY**
 STREET ADDRESS **5314 PALOMINO RD**
 CITY-ST-ZIP **PHOENIX AZ 85018**

TITLE **VD** ☐ Delete
 NAME **CARTWRIGHT, MARY K**
 STREET ADDRESS **5309 E PALOMINO RD.**
 CITY-ST-ZIP **PHOENIX AZ 85018**

TITLE **VD** ☒ Delete
 NAME **MOORE, MELISSA A**
 STREET ADDRESS **16400 GULF BOULEVARD, SUITE 507**
 CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P.O. Box 8337**
 STREET ADDRESS **ST. PETERSBURG, FL 33738**
 CITY-ST-ZIP **33738**

TITLE **VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **P.O. Box 8337**
 STREET ADDRESS **ST. PETERSBURG, FL 33738**
 CITY-ST-ZIP **33738**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.6.02 612 952-2509

CR2E034 (9/01)