

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90029 044 ***150.00

DOCUMENT # 189722

1. Entity Name
TIDES ADMIRAL CORPORATION

DO NOT WRITE IN THIS SPACE

94021545

2. Principal Place of Business

6400 GULF BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8337

Suite, Apt. #, etc.

UNIT #507

City & State

REDINGTON BEACH, FL

City & State

ST PETERSBURG, FL

4. FEI Number

59-6068179

Applied For

Not Applicable

Zip

Country

33708

US

Zip

33738

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D

NAME CARTWRIGHT, FRASER

STREET ADDRESS 5309 E. PALOMINO ROAD

CITY - ST - ZIP PHOENIX, AZ 85018

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE V/T/D

NAME CARTWRIGHT, JAY 4714 N. 53rd ST.

STREET ADDRESS 5314 PALOMINO ROAD

CITY - ST - ZIP PHOENIX, AZ 85018

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE S/D

NAME CARTWRIGHT, MARY K

STREET ADDRESS 5309 E. PALOMINO ROAD

CITY - ST - ZIP PHOENIX, AZ 85018

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY A. CARTWRIGHT

2-20-04

Date

612 952-2509

Daytime Phone #

CR2E034B (12/02)

**DO NOT WRITE
IN THIS SPACE**