2000 UNIFORM BUSINESS REPORT (ÚBR) FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # 756961 Entity Name THE ADMIRALTY, INC. 04-27-2000 90072 004 ****61.25 Mailing Address Principal Place of Business 2511 BAY BLVD C 2240 BELLAIR ROAD INDIAN ROCKS BEACH FL 33785 SUITE 190 CLEARWATER FL 33764-1706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2100836 Not Applicable Zip Country Zip Country *** \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FOX, JEFF 2240 BELLEAIR RD, STE 190 CLEARWATER FL 33764 Zip Code ۴L 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 apparable (NOTE: Registered Agent signature required when rainstating) DAJE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61,25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (66/6) Delete TITLE Pres **Change** ☐ Addition PD TITLE PHILLIPS, BRETT NAME NAME Boy Blud **CR2E037** STREET ADDRESS STREET ADDRESS 2515 B. BAY BLVD. Indian Rocks Beach FL 33785 ũ CITY-ST-ZIF CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 Edward Mornissey ☐ Addition TITLE Delete TITLE Change 2515 C Boy Blud NAMÉ ROBBINS, CHRIS NAME STREET ADDRESS STREET ADDRESS Endign Rocks Beach FL 33785 2511 A. BAY BLVD. CITY - ST - ZIP CITY-ST-7IF INDIAN ROCKS BEACH FL 33785 Kathy TITLE SEC L Change ☐ Addition TITLE Detete NAME THAT'S 2511 B Bay Blud Indian Rocks Beach, FL 33785 NAME MORRISEY, EDWARD STREET ADDRESS STREET ADDRESS 2515 C. BAY BLVD. CITY-ST-ZIP CUTY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TIELE NAME NAME STREET ADDRESS 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)(1), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIXALITED ECKIETTED FOX
SIGNATURE AND TYPED DEPRIMED NAME OF BIGHENG OFFICER OR BLECTOR

4-19-00

5/7-1080