2002 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2002 8:00 am Secretary of State DOCUMENT # **756961** 1. Entity Name THE ADMIRALTY, INC. 05-23-2002 90101 037 ****61 25 Principal Place of Business Mailing Address \$511 BAY BLVD C. 2240 BELLAIR ROAD INDIAN ROCKS BEACH FL 33785 SUITE 190 **CLEARWATER FL 33764** 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 59-2100836 Not Applicable Zip Zip Country 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 City Zip Code 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, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🔀 Delete TITLE Change ☐ Addition Morrisey Kenneth, ROBBINS, CHRIS NAME NAME 2515 C Bay Blud STREET ADDRESS 2511 A BAY BLVD STREET ADDRESS Endian Rocks Beach, FL CITY-ST-ZIP CITY-ST-ZIP Indian Rocks Beach FL 33785 VPD ☐ Delete TITLE Morrisey MORRISEY, KENNETH NAME NAME STREET ADDRESS 2515 C. BAY BLVD. STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP Packs Beach FL PD - - - - -TITLE → □ Delete - -TITLE Kathy Fox Blud ROBBINS, CHRIS NAME STREET ADDRESS STREET ADDRESS 2511 A BAY BLVD Rocks Beach, FL 33785 CITY-ST-7IF CITY-ST-7IP INDIAN ROCKS BEACH FL 33785 STD TITLE ☐ Delete TITLE NAME FOX, KATHY NAME STREET ADDRESS 2511 B BAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR