2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000115264

1. Entity Name



May 01, 2003 8:00 am \$ Secretary of State 05-01-2003 90388 046 ***150.00

ADMIRAL	. CANVAS	OF THE PALM E	BEACHES, INC	O .					
Principal Place of Business 846 N DIXIE HWY BAY 32 LANTANA FL 33462			Mailing Address 846 N DIXIE HWY BAY 32 LANTANA FL 33462				ا بيت بعين ه		
2. Principal Place of Business			3. Mailing Address				a , 18 88 30 111 88 111 88 141 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-1155996 Applied For Not Applicable			
Zip Country		Country	Zip Count		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		tional	
	6 Name	and Address of Curren	t Registered Agen	1_=		7Name and Addre	ss of New Registe	red Agent	
BOTTCHE	R, THOMAS	D			Name				
846 N DIXIE HWY BAY 32					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
LANTANA FL 33462									
•				City				FL Zip Code	
8. The above	e named entity	submits this statement f	or the purpose of c	hanging its regi	istered office or regist	tered agent, or both, in th			and accept
	tions of registe		, ,		_	_			
SIGNATURE	« Signature, bypad o	or printed name of registered agen	t and title if applicable	(NOTE: Bed	pistered Agent signature requi	fed when reinstating)		ATE	
		FEE IS \$150.00							
Afte	er May 1, 200	3 Fee will be \$550.00			•		Campaign Financing d Contribution,	\$5.00 Added	May Be to Fees
	k Payable to	Florida Department				ADDITIONS (CHAN	OFO TO OFFICERS	AND DIRECTORS	/M ++
TITLE	IP	OFFICERS AND		Delete	TITLE	ADDITIONS/CHAN	GES TO OFFICERS	Change	Addition
NAME	BOTTCHER	R, THOMAS D	_	Doloio	NAME			_ . ,	
STREET ADDRESS 846 N DIXIE HWY BAY 32 CITY-ST-ZIP LANTANA FL 33462					STREET ADDRESS				(
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STREET ADDRESS	ļ			J	STREET ADDRESS				J
CITY-ST-ZIP	1				CITY-ST-ZIP				

12. I hereby certify that the information supplied with this fliing 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: