2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90023 029 ***150.00

DOCUMENT # P97000029612

1. Entity Name

ADMIRAL PRINTING, INC.

Principal Place of Business	Mailing Address
5334 PROVOST DR #B HOLIDAY FL 34690 US	8623 REGENCY PARK BLVD. PORT RICHEY FL 34668-5742

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5412 PROVOST DRIVE		9300 REGENCY PARK BLVD	
Suite, Apt. #, etc. UNIT 12		Suite, Apt. #, etc.	
City & State HOLIDAY, FL		City & State PORT RICHEY, FL	
Zip 34690	Country PASCO	Zip 34668-5023	Country PASCO

4. FEI Number 59-3189075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SITTON, LENORE H
2020 TUMBELWEED DRIVE
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name

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

City FL 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 ______________________________
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SITTON, LENORE H 2020 TUMBLEWEED DR HOLIDAY FL 34690	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: X Lenore H. Sitton LENORE H SITTON X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #