2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90227 025 ***150.00

DOCUMENT # P97000029612

1. Entity Name

ADMIRAL PRINTING, INC.

659926

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6412 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	7. Name and Address of New Registered Agent
SITTON, LENORE H.	Name: SITTON, PARNELL
2020 TUMBLEWEED DRIVE	Street Address (P.O. Box Number is Not Acceptable): 5412 PROVOST DRIVE. UNIT 12
HOLIDAY, FL 34690	City: HOLIDAY FL Zip Code: 34690

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!!! After MAY 1, 2001 Make Check Payable

FEE IS $150.00 Fee will be $550.00 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 2020 TUMBLEWEED DRIVE HOLIDAY, FL 34690	☒ Delete	SITTON, PARNELL 5412 PROVOST DRIVE UNIT 12 HOLIDAY, FL 34690	☒ Change	☐ Addition P, VP, T
		☐ Delete	CATHIE COONS 9300 REGENCY PARK BLVD. PORT RICHEY, FL 34668-5023	☐ Change	☒ Addition S
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

CR2E034 (11/00)

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: Cathie Coons Cathie Coons 4/25/01 727-841-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #