

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092490

1. Entity Name

ADMIRALTY MIDDLE KEYS TOWING AND SALVAGE INCORPO

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90044 011 ***150.00

Principal Place of Business

~~7802 SUGAR BROOK CT.~~
~~ORLANDO FL 32819~~
~~US~~

Mailing Address

~~P. O. BOX 692605~~
~~ORLANDO FL 32869-2605~~
~~US~~

2. Principal Place of Business

189 EL CAPITAN DRIVE
Suite, Apt. #, etc.

3. Mailing Address

189 EL CAPITAN DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ISLAMORADA, FL.

City & State

ISLAMORADA, FL.

4. FEI Number

59-3499051

Applied For

Not Applicable

Zip

33036

Country

MONROE

Zip

33036

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, BRANT
7802 SUGAR BROOK CT
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name **CHRISTOPHER MYERS**
Street Address (P.O. Box Number is Not Acceptable) **189 EL CAPITAN DRIVE**
City **ISLAMORADA** FL **33036**

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

CHRISTOPHER MYERS - PRESIDENT *Chris Myers*

4-5-2000

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, BRANT	
STREET ADDRESS	7802 SUGAR BROOK CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MYERS, CHRISTOPHER F.	
STREET ADDRESS	189 EL CAPITAN DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER MYERS	
STREET ADDRESS	189 EL CAPITAN DRIVE	
CITY-ST-ZIP	ISLAMORADA, FL. 33036	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

CHRISTOPHER MYERS *Chris Myers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000

Date

305-664-4493

Daytime Phone #

CR2E034 (9/99)