

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053958

1. Entity Name

ARMOUR INTERNATIONAL INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90080 035 ***150.00

Principal Place of Business

Mailing Address

7605 PISS ARRO DR. STE 107
ORLANDO FL 32819

7605 PISS ARRO DR. STE 107
ORLANDO FL 32819-7334

2. Principal Place of Business

13016 PLANTATION

3. Mailing Address

P.O. BOX 470606

Suite, Apt. #, etc.

PARK CIR SUITE 1116

Suite, Apt. #, etc.

City & State

ORLANDO FL 32821

City & State

CELEBRATION FL

Zip

32821

Country

ORANGE

Zip

34747

Country

OSCEOLA

4. FEI Number

59-3521190

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

ARMOUR, THOMAS J
7605 PISS ARRO DR, STE 107
ORLANDO FL 32819

Name

THOMAS J. ARMOUR

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

436 WATER ST

City

CELEBRATION

FL

Zip Code

34747

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]

THOMAS ARMOUR

1/19/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ARMOUR, THOMAS J**
STREET ADDRESS **7605 PISSARO DR #107**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **P** ☒ Change ☐ Addition
NAME **THOMAS J. ARMOUR**
STREET ADDRESS **436 WATER ST**
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE **VP** ☐ Delete
NAME **ARMOUR, PATRICIA**
STREET ADDRESS **7605 PISSARO DR #107**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VP** ☒ Change ☐ Addition
NAME **PATRICIA ARMOUR**
STREET ADDRESS **436 WATER ST**
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] **THOMAS J. ARMOUR PRESIDENT** 1/16/2000 407-566-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)