

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036985

1. Entity Name

ARMOR & COMPANY, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90878 020 \*\*\*150.00

Principal Place of Business

Mailing Address

STAR ROUTE 2 BOX 184-A  
CRESCENT CITY FL 32112

STAR ROUTE 2 BOX 184-A  
CRESCENT CITY FL 32112-9729

2. Principal Place of Business

3. Mailing Address

HC 2 Box 184-A

HC 2 Box 184-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crescent City FL

City & State

Crescent City FL

Zip

32112

Country

Putnam

Zip

32112

Country

Putnam

4. FEI Number

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

MORRIS, ELIZABETH A  
113 N 4TH STREET  
SUITE 2  
PALATKA FL 32177

Name James L. Padgett  
Street Address (P.O. Box Number is Not Acceptable)  
10 CENTRAL AVE

City Crescent City FL Zip 32112

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

4/27/00

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 PD  
NAME MINTON, M. SCOTT  
STREET ADDRESS C/O STAR ROUTE 2 BOX 184-A  
CITY-ST-ZIP CRESCENT CITY FL 32112

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

TITLE ST  
NAME MINTON, SHELLI A  
STREET ADDRESS C/O STAR ROUTE 2 BOX 184-A  
CITY-ST-ZIP CRESCENT CITY FL 32112

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Shelli A. Minton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/2000 904-328-6733

Daytime Phone #

CR2EX14 (9/99)