

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90001 016 ***150.00

DOCUMENT # P99000049402

1. Entity Name

ADMIRALDEK, INC.

Principal Place of Business

**1497 MAIN STREET #307
 DUNEDIN FL 34698**

Mailing Address

**1497 MAIN STREET #307
 DUNEDIN FL 34698-4612**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3579956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NASH, THOMAS C II
 625 COURT STREET SUITE 200
 CLEARWATER FL 33756**

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

TITLE NAME	PD CUERONI, DONNA B	<input type="checkbox"/> Delete
STREET ADDRESS	1497 MAIN STREET #307	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	VD GRAY, PHILIP J	<input type="checkbox"/> Delete
STREET ADDRESS	1497 MAIN STREET #307	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	SD GRAY, ATHENA A	<input type="checkbox"/> Delete
STREET ADDRESS	1497 MAIN STREET #307	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	TD GRAY, KAREN S	<input type="checkbox"/> Delete
STREET ADDRESS	1497 MAIN STREET #307	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	D GRAY, JOEL W.T.	<input type="checkbox"/> Delete
STREET ADDRESS	1497 MAIN STREET #307	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JOEL W.T. GRAY 4/13/2000 727 466 9107
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)