

FILED
Mar 03, 2003 8:00 am
Secretary of State

2/5

02-05-2003 90152 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S58634**

1. Entity Name

ADMIRAL ARMS APARTMENTS, INC.



Principal Place of Business
**6595 SAN JUAN AVENUE
JACKSONVILLE FL 32210**

Mailing Address
**6595 SAN JUAN AVENUE
JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3072254**

5. 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

**AFRICANO, J. VICTOR
106 WHITE AVE.
SUITE B
LIVE OAK FL 32060**

Name **H.H. BARNETT**

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

1028 SPINNAKER LANE

JACKSONVILLE, FL 32259

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when re-registering)

01/30/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BLAKE, GEORGE F.
312 GAY STREET
LIVE OAK FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
H.H. BARNETT
1028 SPINNAKER LANE
JACKSONVILLE, FL 32259** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.H. Barnett

01/30/03

DATE

904 2308936

Daytime Phone #

CP2E034 (10/02)