2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V22695**

1. Entity Name

THE ADMIRAL GROUP, INC.

Principal Plac	e of Business		Mailing Address									
3530 1ST AVE STE 105 ST PETERSBUR JS			PO BOX 86192 MADEIRA BEACH FL 33708				4 (48): 5:10		niai Bill atair a		81811 81811 1861	
	lace of Business		3. Mailing Address			4						
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11135 1 Suite, Apt.	Pasadena . # ***	Ave., S.	Suite, Apt. #, etc.			_		DO NOT W	RITE IN THIS	SISPACE		
			ouite, Apt. #, oto.					DO NOT 11	101 E 114 11 10	017102		
Suite 109 City & State			City & State			4 F	El Number	E0.04404	45		Applied For	٦
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St. Petersburg, Fl. Zip Country			Zip	itry		E. Contilinate of Status Desired			S8.75 Additional			
33707		U.S	' '			5. Certificate of Status Desired Fee Required						1
33707	6. Name and Ad	Idress of Current Re	alstered Agent	<u> </u>	T	7. N		dress of New	Registered	Agent		
			<u></u>		Name							
GATI	EWOOD, CLAY R		SAME									4
	1ST AVE N.					(P.O. Box Number is Not Acceptable)						
	E 105		11.55			Pasadena Ave. S.						
	ETERSBURG FL 3	2712			Suit	e 10	9					
OI F	ETERODORG TE 3		City			Petersburg FL Zip Code 33707						
					L.,				_	- 33.	/ 0 /	\dashv
8. The above			e purpose of changing its	register	ed office or regist	ered age	ent, or both,	in the State of	Florida.			
	(120	4 / 1/ 01/	مرد سر									
SIGNATURE .	Clav B.	/Gatewood/	Ofrector/Pr	esic	l e nt			4/2	<u>4/01</u>			
	Signature, typed or printed	rame of registered agent and	title Lapplicable. (NOT	E: Registere	d Agent signature requir	ed when rei	instating)		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, 2001 Fee will be \$550.00 Make Check Payable to Department of St					on Campaign Fund Contribu	_		.00 May Be ded to Fees	
				12.			DITIONS/CE	ANGES TO O	FEICERS AN	ID DIRECTO	DRS IN 11	
11.		OFFICERS AND DI		TITL	- -	70	DITIONS, OF	ANGLOTO	THOERO?	☐ Chang		T 8
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13. Uhereby o	certify that the inform	ation supplied with th	is filing does not qualify fo	r the exe	emption stated in :	Section 1	119.07(3)(i),	Florida Statute	s. I further c	ertify that th	e information	
The strong of								- If an a place condi-		I am an affic	or or director	,

indicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address with all other is empowered. signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if

SIGNATURE: Clay R. Gatew SIGNATURE and TYPED OR PRINTER Gatewood/Director 4/24/01

(727) 344-1000

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90002 011 ***150.00

Daytime Phone #