

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22695

1. Entity Name

THE ADMIRAL GROUP, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90002 011 ***150.00

Principal Place of Business

3530 1ST AVE NORTH
STE 105
ST PETERSBURG FL 33713
US

Mailing Address

PO BOX 88192
MADEIRA BEACH FL 33708

2. Principal Place of Business

1135 Pasadena Ave., S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 109

City & State

City & State

St. Petersburg, FL

Zip

Country

33707

U.S.

Zip

Country

4. FEI Number 59-3113115

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

GATEWOOD, CLAY R
3530 1ST AVE N.
SUITE 105
ST PETERSBURG FL 33713

Name

SAME

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

1135 Pasadena Ave. S.

Suite 109

City

St. Petersburg

FL

Zip Code
33707

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 Clay R. Gatewood/Director/President

4/24/01

DATE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GATEWOOD, CLAY R.
6113 PALMA DEL MAR BOULEVARD, #122
ST. PETERSBURG FL

☐ Delete

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

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☐ 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 information.

SIGNATURE: Clay R. Gatewood/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

(727) 344-1000

Daytime Phone #

CR2E034 (10/00)