

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91480 013 \*\*\*150.00

**DOCUMENT # V39405**

1. Entity Name  
**ADMIRALTY TRANSPORTATION INC.**



Principal Place of Business  
**22050 SPRING MILL CT  
ESTERO FL 33928  
US**

Mailing Address  
**22050 SPRING MILL CT  
ESTERO FL 33928  
US**

2. Principal Place of Business  
**3820 Colonial Blvd.**

3. Mailing Address  
**3820 Colonial Blvd.**

Suite, Apt. #, etc. **#201**

Suite, Apt. #, etc. **#201**

City & State **Fort Myers FL**

City & State **Fort Myers FL**

Zip **33912** Country **US**

Zip **33912** Country **US**

4. FEI Number **65-0343176**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CONNERY, JEFFREY S.  
22050 SPRING MILL CT  
ESTERO FL 33928**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D. CONNERY, JEFFREY S.</b>	<b>22050 SPRING MILL CT</b>	<b>ESTERO FL 33928</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**Jeffrey S. Connery 4-25-03**

Date

Daytime Phone #

**239-994-9646**

CR2E034 (10/02)