

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90130 044 \*\*\*150.00

**DOCUMENT # 349346**  
 1. Entity Name  
**FLORANGA INC**

Principal Place of Business      Mailing Address  
**252 ISLIP AVE.**      **252 ISLIP AVE.**  
**ISLIP NY 11751**      **ISLIP NY 11751**

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 **59-1281143**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**NATIONSCORP REGISTERED AGENTS, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

**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 \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>PSD FLOOD, WINIFRED A 50 WEST BAYBERRY RD. ISLIP NY 11751</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Sidney A. Flood*      Date: 7/29/02      Daytime Phone #: 631-581-3883

CR2E034 (4/02)

Attachment Dr. # 349346

676406

Floranga, Inc.  
252 Islip Avenue  
Islip, New York 11751

RECEIVED  
CORPORATION  
DIVISION

July 29, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Reports  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

re: Floranga Inc.  
FEI: 59-1281143

Gentlemen:

Enclosed please find the following for your necessary attention:

1. 2002 Uniform Business Report (UBR).
2. A letter attached thereto attesting to the fact that Floranga Inc. did not receive any prior notice or any blank form for the filing of the UBR.

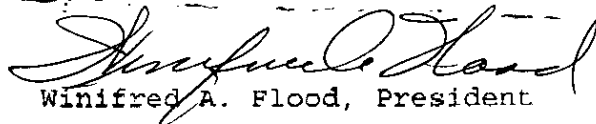
I cannot tell whether the failure is that of the Florida Department of State, Division of Corporations or the registered agent, i.e., Nationscorp Registered Agents, Inc., 526 East Park Avenue, Tallahassee, Florida 32301.

In any event, this letter is a request for the waiver of the \$400.00 late filing fee.

Enclosed please find check for the original \$150.00 filing fee.

Please confirm.

Very truly yours,

  
Winifred A. Flood, President

Attachment: UBR with 60-day's notice