2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 708839 Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** FLOWERSVIEW INDUSTRIAL INC. 02-16-2000 90031 034 ****70.00 Mailing Address Principal Place of Business 1630 FLOWERS DR 1630 FLOWERS DR LAUREL HILL FL 32567 LAUREL HILL FL 32567, 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FFI Number Applied For City & State 59-2974816 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCLAUGHLIN, SHIRLEY, M. (1988) 1630 FLOWERS DR 19-34 LAUREL HILL FL 32567 Zip Code City THE HIT IS SORT 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to ---t = FILE NOW:= \$5.00 May Be - > : Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Change Delete TITLE TITLE NAME NAME MCLAUGHLIN, SHIRLEY M STREET ADDRESS STREET ADDRESS 1630 FLOWERS DR CITY-ST-ZIP CITY-ST-ZIP LAUREL HILL FL 32567 Change ☐ Addition ☐ Delete TITLE $\mathsf{D}_{\mathcal{Z}} r \mathfrak{Z} \mathfrak{Z}$ TITLE "TO DO NAME NAME ... S MILTON, MARIA STREET ADDRESS STREET ADDRESS 952 FLOWERSVIEW BLVD CITY-ST-ZIP CITY-ST-ZIP LAUREL HILL FL 32567 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME OATES, PATRICIA STREET ADDRESS STREET ADDRESS 1842 FLOWERS DR CITY-ST-ZIP CITY-ST-ZIP LAUREL HILL FL 32567 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME WILLIAMS, BERTHA STREET ADDRESS STREET ADDRESS 261 FLOWERSVIEW BLVD CITY-ST-ZIP CITY-ST-ZIP LAURELL HILL FL 32567 Change ☐ Addition Delete TITLE NAME WRIGHT, ULYSESSE NAME STREET ADDRESS STREET ADDRESS 254 RICHARDSON RD CITY-ST-ZIP CITY-ST-ZIP LAUREL HILL FL 32567 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BARNES, WILLIE M STREET ADDRESS STREET ADDRESS 254 RICHARDSON RD CITY-ST-ZIP CITY-ST-ZIP LAUREL HILL FL 32567 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 617, 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 empowered.

02-02-2000 850-834-4
Date Beyinne Phone #