2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90058 016 ****61.25

DOCUMENT # 708839

1. Entity Name

THE FLOWERSVIEW INDUSTRIAL, INC.

Principal Place of Business	Mailing Address
THE FLOWERSVIEW COMMUNITY CENTER 241 FLOWERSVIEW BLVD. LAUREL HILL FL 32567	THE FLOWERSVIEW COMMUNITY CENTER 241 FLOWERSVIEW BLVD. LAUREL HILL FL 32567

DO NOT WRITE IN THIS SPACE

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 59-2974816 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAUGHLIN, SHIRLEY M
1630 FLOWERS DR
LAUREL HILL FL 32567

7. Name and Address of New Registered Agent

Name: Patricia Oates
Street Address (P.O. Box Number is Not Acceptable): 1843 Flowers Drive
City: Laurel Hill, FL Zip Code: 32567

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: Patricia Oates, Sect. 4-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLAUGHLIN, SHIRLEY M 1630 FLOWERS DR LAUREL HILL FL 32567	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Tariq Abdullah 952 Flowersview Blvd. Laurel Hill, FL 32567	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, MARIA 952 FLOWERSVIEW BLVD LAUREL HILL FL 32567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. Neal Oates, Sr. 1843 Flowers Drive Laurel Hill, FL 32567	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OATES, PATRICIA 1842 FLOWERS DR LAUREL HILL FL 32567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Patricia Oates 1843 Flowers Drive Laurel Hill, FL 32567	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, BERTHA 261 FLOWERSVIEW BLVD LAURELL HILL FL 32567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WRIGHT, ULYSESSE 254 RICHARDSON RD LAUREL HILL FL 32567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARNES, WILLIE M 254 RICHARDSON RD LAUREL HILL FL 32567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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.

SIGNATURE: Patricia Oates ESQ Patricia Oates 4-10-01 (850)834-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #