

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90078 012 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2974816

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**OATES, PATRICIA
 1843 FELOWERS DR
 LAUREL HILL FL 32567**

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.

SIGNATURE

Patricia Oates Patricia Oates

4-29-02

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 **PD** ☐ Delete
 NAME **ABDULLAH, FARIG**
 STREET ADDRESS **952 FLOWERSVIEW BLVD**
 CITY-ST-ZIP **LAUREL HILL FL 32567**

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

TITLE **D** ☐ Delete
 NAME **MILTON, MARIA**
 STREET ADDRESS **952 FLOWERSVIEW BLVD**
 CITY-ST-ZIP **LAUREL HILL FL 32567**

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

TITLE **D** ☐ Delete
 NAME **OATES, PATRICIA**
 STREET ADDRESS **1843 FLOWERS DR**
 CITY-ST-ZIP **LAUREL HILL FL 32567**

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

TITLE **T** ☐ Delete
 NAME **WILLIAMS, BERTHA**
 STREET ADDRESS **261 FLOWERSVIEW BLVD**
 CITY-ST-ZIP **LAUREL HILL FL 32567**

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

TITLE **T** ☐ Delete
 NAME **WRIGHT, ULYSESSE**
 STREET ADDRESS **254 RICHARDSON RD**
 CITY-ST-ZIP **LAUREL HILL FL 32567**

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

TITLE **T** ☐ Delete
 NAME **BARNES, WILLIE M**
 STREET ADDRESS **254 RICHARDSON RD**
 CITY-ST-ZIP **LAUREL HILL FL 32567**

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

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 Patricia Oates

Date

Daytime Phone #

4-29-02 (952)834-4990

CR2E037 (9/01)