

2002 UNIFORM BUSINESS REPORT (UBR)

0014273 AT

DOCUMENT # A32981
 1. Entity Name
FLAR INVESTMENTS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 MAR -1 PM 2:47

HL
 3/6

Principal Place of Business Mailing Address
2410 NEVADA ROAD 2410 NEVADA ROAD
LAKELAND FL 33803-2342 LAKELAND FL 33803-2342



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DUE BY MAY 1, 2002
 4. FEI Number **59-3123925** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GIGLIA, FRANCESCO (FRANK)
2410 NEVADA ROAD
LAKELAND FL 33803-2342

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

9. Capital Contributions as Shown on record. **\$927,183.00**
 10. Amount of Capital Contributions in FLORIDA to date. **\$927,183.00**
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	GIGLIA, FRANCESCO FRANK 2410 NEVADA ROAD LAKELAND FL 33803-2342
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	GIGLIA, LUCILLE 2410 NEVADA ROAD LAKELAND FL 33803-2342
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES

STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Lucille Giglia* **863-688-3110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)