

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-23-2001 90014 011 ***150.00

DOCUMENT # H61027

1. Entity Name

W. FLECHNER, INC.

Principal Place of Business

**4680 S US HWY 1
FT. PIERCE FL 34982**

Mailing Address

**4680 S US HWY 1
FT. PIERCE FL 34982**

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 **59-2568783**

Applied For

Not Applicable

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

~~FLECHNER, WILLIAM R. JR.
4680 S US HWY 1
FT PIERCE FL 34982~~

Name **Roy Flechner**

Street Address (P.O. Box Number is Not Acceptable)
4680 South U.S.#1

City **Ft. Pierce**

FL

Zip Code
34982

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

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

Roy Flechner

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/01

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 \$150.00

After MAY 1, 2001 Fee will be \$350.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete

NAME ~~FLECHNER, WILLIAM R. JR.~~

STREET ADDRESS ~~4680 S US HWY 1~~

CITY-ST-ZIP ~~FT PIERCE FL~~

TITLE **S** ☐ Delete

NAME **FLECHNER, ROY**

STREET ADDRESS **4680 S. U.S. HWY. #1**

CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

Roy Flechner
President

SIGNATURE: **X Roy Flechner pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-15-01

Date

Daytime Phone #

CR2E034 (10/00)