

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90131 047 ***150.00

DOCUMENT # H65206	
1. Entity Name FLAMM INDUSTRIES, INC.	
Principal Place of Business 1111 MAR DEL PLATA ST S JACKSONVILLE FL 32216 US	Mailing Address 4215 SOUTHPOINT BLVD #100 JACKSONVILLE FL 32216-6191



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1313 Haines Street	3. Mailing Address P.O. Box 551260
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32206	Country
Zip 32255	Country

4. FEI Number 59-2559680	Applied For <input type="checkbox"/> Not Applicable
5: Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD. JAX FL 32216	7. Name and Address of New Registered Agent Name: Michael N. Schneider Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road Building: 100 City: Jacksonville FL Zip Code: 32256
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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]* DATE: **3/15/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FLAMM, MARTIN 1111 MAR DEL PLATA ST S JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1313 Haines Street JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *[Signature]* **2-16-2000** **904-356-2876**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)