2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90157 008 ***150.00

DOCUMENT # K45956

1. Entity Name
FLYNN FINANCIAL CORP.

Principal Place of Business
% DONALD F. FLYNN
2898 DATE PALM ROAD
BOCA RATON FL 33432

Mailing Address
C/O FLYNN ENTERPRISES. INC
676 N MICHIGAN AVE #4000
CHICAGO IL 60611

800013043

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
927 Hillsboro Mile
Suite, Apt. #, etc.
City & State
Hillsboro Beach, FL
Zip 33062
Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0088668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLYNN, DONALD F 2898 DATE PALM ROAD BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Flynn, Donald F. 927 Hillsboro Mile Hillsboro Beach, FL 33062	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLYNN, KEVIN F 676 N. MICHIGAN AVE., #4000 CHICAGO IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLYNN, BRIAN J. 676 N. MICHIGAN AVE., #4000 CHICAGO IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLYNN, BEVERLY L 2898 DATE PALM ROAD BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Flynn, Beverly L 927 Hillsboro Mile Hillsboro Beach, FL 33062	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T SKIBICKI, KEITH J 511 NORTH GRANT STREET HINSDALE IL 60514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT CONFORTI, AUDRA M 15 E. SANDSTONE COURT SOUTH ELGIN IL 60177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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 Audra M. Conforti **MANDATORY** 1-15-03 312-280-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)