

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90062 014 ***150.00

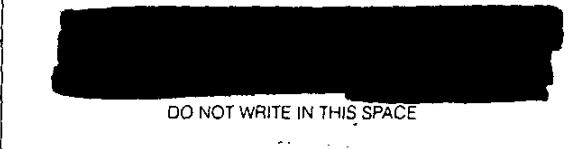
DOCUMENT # **M 42699**
 1. Entry Name **FLYNN-NOLAN, INC.**

A0062436

Principal Place of Business % MITCHEL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592	Mailing Address % MITCHEL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2745960	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **THOMAS D. NOLAN**
 Street Address (P.O. Box Number is Not Acceptable)
6271 PLYMOUTH LANE
 City **DAVIE** FL Zip Code **33331-2979**

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 Thomas D. Nolan DATE 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD THOMAS D. NOLAN 6271 PLYMOUTH LANE DAVIE, FL 33331-2979 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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: Thomas D. Nolan DATE 4/23/01 (954) 925-0886
Signature and typed or printed name of signing officer or director Date Daytime Phone #