

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90442 010 \*\*\*150.00

DOCUMENT # PO100011516  
1. Entity Name  
CHERYL FLAGLER, INC ✓

**671634**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4443 Summer Oak Drive  
Suite, Apt. #, etc.

3. Mailing Address  
- Same -  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FLORIDA

City & State  
- Same -

4. FEI Number  
59-3760947

Applied For  
Not Applicable

Zip  
33624

Country  
US

Zip  
- Same -

Country

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Larry Sisson  
Street Address (P.O. Box Number is Not Acceptable)  
218 Southern Country Lane  
City  
Quincy **FL** Zip Code  
32351

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

(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. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President (P) / Director (D)</u> <u>Cheryl Flagler</u> <u>4443 Summer Oak Drive</u> <u>Tampa, FLORIDA 33624</u>
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Cheryl Flagler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02 (813) 968-5472  
Date Daytime Phone #

CR2E034B (12/01)