

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86702

1. Entity Name

FLOVICC AND COMPANY, INC.

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

04-20-2000 90072 048 ***150.00

Principal Place of Business

Mailing Address

1 DOUGLAS ST. SMW
HOMOSASSA FL 32646
US

ATTN: CONTROLLER
P.O. BOX 3809
HOMOSASSA FL 34446
US

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 65-0206845

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

COOKE, STANLEY E
ONE DOUGLAS STREET
HOMOSASSA FL 34446

Name Mr. Jon Tanio

Street Address (P.O. Box Number is Not Acceptable)

One Douglas Street

City

Homosassa

FL

Zip 34446

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 fee 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) ☐

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 PTD ☐ Delete
NAME INOUE, YUKIHISA
STREET ADDRESS 18 UMENOKICHO, SHIMOGAMO
CITY-ST-ZIP KYOTO, JAPAN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OGASAWARA, YUMICO
STREET ADDRESS 18 UMENOKICHO, SHIMOGAMO
CITY-ST-ZIP KYOTO, JAPAN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME ISHIHARA, KAYOKO
STREET ADDRESS 3-78 YOBITSUGI-CHO
CITY-ST-ZIP AICHI, JAPAN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME COOKE, STANLEY
STREET ADDRESS 5 RYEWOOD CIR.
CITY-ST-ZIP HOMOSASSA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19991