

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90034 027 ***150.00

DOCUMENT # 274474
 1. Entity Name
Flanagan-Metcalf Inc.

Principal Place of Business Mailing Address
2625 Parkview Ave.
Tampa Fl. 33629

2. Principal Place of Business Mailing Address
2625 Parkview Av. S. Am L
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa Fl
 Zip Country Zip Country
33629 USA

4. FEI Number Applied For
59-1031589 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Ralph L. Metcalf
2625 Parkview Ave.
Tampa Fl. 33629

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.

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

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

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Ralph L. Metcalf</u>	
STREET ADDRESS	<u>2625 Parkview Ave</u>	
CITY-ST-ZIP	<u>Tampa Fl. 33629</u>	
TITLE	<u>Vice Pres.</u>	<input type="checkbox"/> Delete
NAME	<u>Samuel F. Scott Jr.</u>	
STREET ADDRESS	<u>4701 San Jose St.</u>	
CITY-ST-ZIP	<u>Tampa Fl. 33629</u>	
TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>Darma Kidd</u>	
STREET ADDRESS	<u>4412 Paul Ave</u>	
CITY-ST-ZIP	<u>Tampa Fl. 33611</u>	
TITLE	<u>Sec. Treas.</u>	<input type="checkbox"/> Delete
NAME	<u>Samuel F. Scott Jr.</u>	
STREET ADDRESS	<u>4701 San Jose St.</u>	
CITY-ST-ZIP	<u>Tampa Fl. 33629</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ralph L. Metcalf Date 5/21/00 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)