2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 294899** Jan 22, 2000 8:00 am **Secretary of State** FLASHER FLARE SOUTHEAST INC 01-22-2000 90023 006 ***150.00 Principal Place of Business Mailing Address 4421 N CHURCH AVE 4421 NORTH CHURCH AVENUE P.O. BOX 15395 P. O. BOX 15395 TAMPA FL 33684 TAMPA FLA 33684-5395 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1098811 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERARD, GILBERT Street Address (P.O. Box Number is Not Acceptable) 3804 W. ALVA STREET 4421 N CHURCH AVE **TAMPA FL 33684** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ~ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD ☐ Delete TITLE TITLE GERARD, GILBERT NAME NAME STREET ADDRESS 1235 BROOKSIDE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Addition ☐ Change TITLE ☐ Delete TITLE. NAME GERARD, MARY ANITA NAME STREET ADDRESS 1235 BROOKSIDE RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL TITLE Change ☐ Addition ☐ Delete TITLE GERARD, STEPHEN NAME NAME STREET ADDRESS 1235 BROOKSIDE RD-STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

JAN- 12-00

813-876-6463

☐ Change

☐ Addition

Daytime Pt