

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

0011797 AN

**DOCUMENT # 477593**

1. Entity Name  
**FRANK E. FLAGG CONSTRUCTION COMPANY, INC..**

02-04-2002 90111 037 \*\*\*150.00

Principal Place of Business  
**251 CARSWELL AVENUE**  
**HOLLY HILL FL 32117**

Mailing Address  
**251 CARSWELL AVENUE**  
**HOLLY HILL FL 32117**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1596704</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FLAGG, FRANK E.</b> <b>4895 SAILFISH DR</b> <b>PONCE INLET FL 32127</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAGG, FRANK			NAME			
STREET ADDRESS	4895 SAILFISH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PONCE INLET FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAGG, SHERRIE			NAME			
STREET ADDRESS	4895 SAILFISH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PONCE INLET FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEAL JR, RAYMOND E.			NAME			
STREET ADDRESS	2010 RED ROBIN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAGG, SONYA			NAME	Godawa, Deneen		
STREET ADDRESS	1237 EDNA DR.			STREET ADDRESS	1343 E. Dexter Drive		
CITY-ST-ZIP	PORT ORANGE FL 32119			CITY-ST-ZIP	Port Orange, Fl. 32129		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:** Frank E. Flagg **1/15/02** **(380) 258-0579**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)