FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90065 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481708 ✓

1. Entity Name

Flyers, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Joe Russo	c/o Joe Russo
Suite, Apt. #, etc. 7600 Clarke Rd.	Suite, Apt. #, etc. 7600 Clarke Rd.
City & State Lake Clarke Shores, FL	City & State Lake Clarke Shores, FL.
Zip 33406 Country U.S.A.	Zip 33406 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1915907 ☐ Applied For ☐ Not Applicable

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: James W. Nowlin, Jr.

Street Address (P.O. Box Number is Not Acceptable): 72 N.E 5th Av

City: Delray Beach FL Zip Code: 33483

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: James Nowlin 4/26/02
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 1st - May 1st Fee is $150.00
After May 1st Fee is $400.00
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	Pres. Director
NAME	Rogers, David H.
STREET ADDRESS	13136 54th St., North
CITY-ST-ZIP	West Palm Beach, FL. 33411
TITLE	Vice Pres. Director
NAME	Silverman, Richard S.
STREET ADDRESS	4484 Franconia Circle
CITY-ST-ZIP	Lake Worth FL 33427
TITLE	Treas, Director
NAME	Russo, Joe
STREET ADDRESS	7600 Clarke Rd
CITY-ST-ZIP	Lake Clarke Shores, FL. 33406
TITLE	Secretary, Director
NAME	Nowlin James W. Jr.
STREET ADDRESS	72 N E 5th Av
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: James Nowlin James W. Nowlin, Jr. Sec 4/29/02 561-276-9754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #