FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90427 045 ***150.00

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559381 DOCUMENT #

1. Entity Name

FLAGLER MANAGEMENT AND REALTY, INCORPERATED

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



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Principal Place of Business 505 S FLAGLER DR SUITE 1325 WEST PALM BEACH FL 33401 US		Mailing Address 505 S FLAGLER DR SUITE 1325 WEST PALM BEACH FL 33401 US										
2. Principal Place of Business		3. Mailing Address					n compet diems meern rättik trime rundt lide kreis	D(#11 #1\$)(#1#1)	816)1 B1811 1881			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI Number 59-1813988			Applied For Not Applicable			
Zip Country			Zip Country			try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current I	Register	ed Agent			7. Name and Address of New Registered Agent					
					Name							
HANNA, P	AUL B		_				(P.O. Box Number is Not Acceptable)					
505 S FLA	GLER DR											
SUITE 132	!5				,							
WEST PALM BEACH FL 33401			-			City		F	L Zip Co	de		
	named entity tions of regist		the purp	pose of changing its	registere	ed office or registe	red ag	ent, or both, in the State of Florida. I ar	n familiar with	n, and accept		
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if ap	plicable. (NOTE	Registered	Agent signature require	d when re	pinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		00 May Be ad to Fees			
		OFFICERS AND I)DS	11.	<u> </u>	. AD	 DITIONS/CHANGES TO OFFICERS AI	ID DIRECTO	DS IN 11		
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I nereby 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 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 emportered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a other like provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ni geoPaul

04/15/03

561-655-5337

Date

Daytime Phone #