

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90119 002 ***150.00

DOCUMENT # 618962

1. Entity Name

FLOKEN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1183 GOLF POINT LOOP
 APOPKA FL 32712-2650
 US 2173

1183 GOLF POINT LOOP
 APOPKA FL 32712-2173
 US

JUL 03 2000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1927798

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, JOHN J
1183 GOLF POINT LOOP
APOPKA FL 32712 - 2173

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

John J. Kennedy

JANUARY 11, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BLOMFIELD, ALEXIS E	
STREET ADDRESS	186 KAMLOOPS AVE	
CITY-ST-ZIP	OTTAWA ONTARIO CA K1V-7	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KENNEDY, MARIE V	
STREET ADDRESS	1183 GOLF POINT LOOP	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, DENNIS G.	
STREET ADDRESS	1060 DREON	
CITY-ST-ZIP	CLAWSON MI	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	KENNEDY, JOHN J	
STREET ADDRESS	1183 GOLF POINT LOOP	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, SAM J	
STREET ADDRESS	4520 CLUBVIEW DR.	
CITY-ST-ZIP	ADRIAN MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, TIMOTHY R	
STREET ADDRESS	427 CAPE EMERALD LOOP	
CITY-ST-ZIP	EMERALD ISLE NC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **JOHN J. KENNEDY - PRES**
John J. Kennedy

JANUARY 11, 2000 407 884 5626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #