

2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1927798

Applied For

Not Applicable

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 reinstalling)

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
NAME BLOMFIELD, ALEXIS E
STREET ADDRESS 186 KAMLOOPS AVE
CITY-ST-ZIP OTTAWA ONTARIO CA K1V-7 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVS
NAME KENNEDY, MARIE V
STREET ADDRESS 1183 GOLF POINT LOOP
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KENNEDY, DENNIS G.
STREET ADDRESS 1060 DREON
CITY-ST-ZIP CLAWSON MI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PTD
NAME KENNEDY, JOHN J
STREET ADDRESS 1183 GOLF POINT LOOP
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KENNEDY, SAM J
STREET ADDRESS 4520 CLUBVIEW DR.
CITY-ST-ZIP ADRIAN MI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KENNEDY, TIMOTHY R
STREET ADDRESS 427 CAPE EMERALD LOOP
CITY-ST-ZIP EMERALD ISLE NC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 11, 2000

Date

407 884 5626

Daytime Phone #

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

03-02-2000 90119 002 ***150.00

JUL 03 2000



DO NOT WRITE IN THIS SPACE