

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90010 014 \*\*\*150.00

**DOCUMENT # 618962**

1. Entity Name

**FLOKEN ASSOCIATES, INC.**

Principal Place of Business

**1183 GOLF POINT LOOP  
APOPKA FL 32712-2659  
US**

Mailing Address

**1183 GOLF POINT LOOP  
APOPKA FL 32712-2659  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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**

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

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, 2001 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** ☐ Delete  
NAME **BLOMFIELD, ALEXIS E**  
STREET ADDRESS **186 KAMLOOPS AVE**  
CITY-ST-ZIP **OTTAWA ONTARIO CA K1V-7**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **78 Sherk Crescent**  
CITY-ST-ZIP **Kanata Ontario Canada K2K 2L8**TITLE **DVS** ☐ Delete  
NAME **KENNEDY, MARIE V**  
STREET ADDRESS **1183 GOLF POINT LOOP**  
CITY-ST-ZIP **APOPKA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **KENNEDY, DENNIS G.**  
STREET ADDRESS **1060 DREON**  
CITY-ST-ZIP **CLAWSON MI**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PTD** ☐ Delete  
NAME **KENNEDY, JOHN J**  
STREET ADDRESS **1183 GOLF POINT LOOP**  
CITY-ST-ZIP **APOPKA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **KENNEDY, SAM J**  
STREET ADDRESS **4520 CLUBVIEW DR.**  
CITY-ST-ZIP **ADRIAN MI**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **KENNEDY, TIMOTHY R**  
STREET ADDRESS **427 CAPE EMERALD LOOP**  
CITY-ST-ZIP **EMERALD ISLE NC**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **11710 Hunter Lane N.W.**  
CITY-ST-ZIP **Gig Harbor WA 98332**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

Date

**407 884 5626**

Daytime Phone #

CR2E034 (10/00)