

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90319 040 \*\*\*\*\*70.00

DOCUMENT # 708839

1. Entity Name

Flowersview Industrial Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

1843 Flowers Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

241 Flowersview Blvd

City & State

City & State

Laurel Hill, FL

Laurel Hill, FL

Zip

Country

Zip

Country

32567

Walton

32567

Walton

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-2974816

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Patricia Oates

Street Address (P.O. Box Number is Not Acceptable)

1843 Flowers Drive

City

Laurel Hill

FL

Zip Code

32567

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Oates - Secretary

4-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: President  
NAME: Tiraq Abdullah  
STREET ADDRESS: 952 Flowersview Blvd.  
CITY-ST-ZIP: Laurel Hill FL 32567

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: Vice-President  
NAME: Neal Oates, Sr.  
STREET ADDRESS: 1843 Flowers Drive  
CITY-ST-ZIP: Laurel Hill FL 32567

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: Secretary/Treasure  
NAME: Patricia Oates  
STREET ADDRESS: 1843 Flowers Drive  
CITY-ST-ZIP: Laurel Hill FL 32567

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Oates Patricia Oates

4-28-03 (850)834-4990

CR2E037B (12/02)