2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90127 003 ****61.25

DOCUMENT # 711735

1. Entity Name

FLOTILLA SIX, INC.

Principal Place of Business	Mailing Address
3939 N OCEAN BLVD BOCA RATON FL 33431	3939 N OCEAN BLVD BOCA RATON FL 33431-5317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 1272 Suite, Apt. #, etc.
City & State	City & State: BOCA RATON. FL.
Zip / Country	Zip: 33429 / Country: USA

4. FEI Number: 59-6194388 ☐ 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
MULLIN, JAMES 2263 NW 2ND AVE. #205 BOCA BOCA RATON FL 33431	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANG, ROGER P 1022 RUSSELL DR HIGHLAND BCH FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANG, ROGER P 1099 BANYAN RD BOCA RATON, FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBERT A. TUST 2717 FLORIDA BLVD. #424 DELRAY BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AZZARITO, IRENE 5635 RICO DR. BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHIMES, PAUL 800 E JEFFERY ST #310 BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KEGAN, THOMAS 930 DOGWOOD DR. #358 DELRAY BEACH, FL. 33483	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHIMES, NELL 800 E JEFFERY ST #310 BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZAMPINI, MICHAEL 22877 CHRYSLER DR. BOCA RATON, FL. 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irene Azzarito REQUIRED IRENE AZZARITO 2/10/00 561-995-6797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #