

2001 UNIFORM BUSINESS REPORT (UBR)

0012023 AF

DOCUMENT # **A20793**

1. Entity Name

FLASH, LTD.

FILED

[Handwritten signature]

Principal Place of Business

1803 DOOMAR DR.
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 14172
TALLAHASSEE FL 32317

01 JAN 17 PM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2362117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNON, MARK A
1803 DOOMAR DRIVE
TALLAHASSEE FL 32308

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. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME STUBBS, L. GELNN JR.
STREET ADDRESS 902 WAVERLY RD
CITY-ST-ZIP TALLAHASSEE FL 32312

STREET ADDRESS

CITY-ST-ZIP

388883582273 0
-01/26/01--01135--014
****526.25 ****526.25

DOCUMENT #
NAME HANNON, MARK
STREET ADDRESS 1803 DOOMAR
CITY-ST-ZIP TALLAHASSEE FL 32308

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME GOLDBERG, TERRY M
STREET ADDRESS 11410 SW 95TH AVE.
CITY-ST-ZIP MIAMI FL 32176

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-16-01

Date

850/878-7191

Daytime Phone #

CR2E003 (11/00)