

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 034 ***150.00

DOCUMENT # F02000003988

1. Entity Name
FLASHPOINT, INC.



Principal Place of Business
**4416 INDEPENDENCE COURT
SARASOTA FL 34234**

Mailing Address
**4416 INDEPENDENCE COURT
SARASOTA FL 34234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1147631**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOLAN, WILLIAM
4416 INDEPENDENCE COURT
SARASOTA FL 34234**

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

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL, STEPHEN A 4416 INDEPENDENCE COURT SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOLAN, WILLIAM 4416 INDEPENDENCE COURT SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, EDMUND C 4416 INDEPENDENCE COURT SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, ROBERT 4416 INDEPENDENCE COURT SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DUFFY, SAMUEL S 4416 INDEPENDENCE COURT SARASOTA, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM DOLAN

8.7.03

(941) 953 3885

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

86138416

FO2000003988

FLASHPOINT INC.

4416 Independence Ct.

Sarasota, FL 34234

941-953-3885

Fax 941-355-9373

August 7, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Flashpoint Inc.
2003 For Profit Corporation
Uniform Business Report (UBR)
Document # F02000003988
Request for waiver of late fee

Dear Division of Corporations Personnel:

Enclosed please find Flashpoint Inc.'s 2003 UBR.

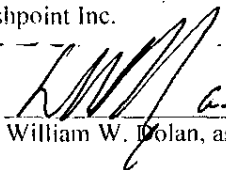
Also enclosed is a check made payable to the Florida Department of State in the amount of \$150.00 for the filing fee.

Flashpoint Inc. did not receive the prior UBR and requests a waiver of the late fee.

Thank you for your assistance with this filing. If you have any questions please do not hesitate to contact us.

Sincerely,
Flashpoint Inc.

By:

 as its Secretary
William W. Dolan, as its Secretary

WWD/de