

FILED

Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90245 011 ***150.00

0524259 AV

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F19647**

1. Entity Name
DAN FLUHARTY, INC.



Principal Place of Business
**17942 ALICO CENTER RD
FORT MYERS FL 33912
US**

Mailing Address
**P.O. BOX 155
ESTERO FL 33928
US**



02-21-03 90245.011 \$150.00
 CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2098443**
Applied For
 Not Applicable

Zip Country

Zip Country

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

**FLUHARTY, DAN
5830 PARK RD
FT. MYERS FL 33908**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)



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 Delete
**VP
MONROE, LEWIS R
18011 PARKRIDGE CT
FORT MYERS FL 33908**

TITLE NAME Change Addition
**PRESIDENT
DAN FLUHARTY
5830 PARK RD
FT MYERS FL 33908**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition
*** 2001 UBR updated incorrectly, resulting in**

TITLE NAME Delete

TITLE NAME Change Addition
Dan FLUHARTY was ~~added~~ deleted in error.

TITLE NAME Delete

TITLE NAME Change Addition
[Signature]

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 supplementary 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03
Date Daytime Phone #

CR2E034 (10/02)