

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90855 014 ***150.00

DOCUMENT # F98000002578

1. Entity Name
FLOREP, INC.



Principal Place of Business
% THOMAS C. ROBERGE
ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701

Mailing Address
% THOMAS C. ROBERGE
ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0184043**

Applied For

Not Applicable

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

ROBERGE, THOMAS C
ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 **CP** ☐ Delete
NAME **SCHEICHL, GARY**
STREET ADDRESS **% THOMAS C. ROBERGE, ONE BEACH DR SE #220**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☐ Delete
NAME **SCHEICHL, SIGI**
STREET ADDRESS **% THOMAS C. ROBERGE, ONE BEACH DR SE #220**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Febr. 15, 03

1-800-668-1834

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 800441687
- INTERNATIONAL TAXATION - # F98000002578
THOMAS C. ROBERGE & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

BRENT S. MCLEAN, CPA
THOMAS C. ROBERGE, CPA

February 26, 2003

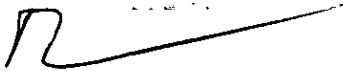
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

RE: FLOREP, INC.

To Whom It May Concern:

I am the Florida Registered Agent for the above referenced company. Enclosed is our check for \$150.00 for the 2003 Uniform Business Report.

Sincerely,



Thomas C. Roberge, CPA

TCR/c
Enclosures