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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 046 ***158.75

DOCUMENT #

H 71183 ✓

1. Entity Name

Florical Systems, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4581 A NW 6th Street

3. Mailing Address

4581 A NW 6th Street

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-2711499

Applied For

Not Applicable

Zip

32609

Country

Zip

32609

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Traudi Buchanan

Street Address (P.O. Box Number is Not Acceptable)

4581 A NW 6th St

Gainesville, FL 32609

City

Gainesville

FL

Zip Code
32609

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. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President James Moneyhun 4581 A NW 6th St Gainesville, FL 32609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Exec.Vice President Traudi Buchanan 4581 A NW 6th St Gainesville, FL 32609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-372-8326
Traudi Buchanan 4/26/02

Date

Daytime Phone #