

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**  
 04-24-2000 90149 016 \*\*\*150.00

**DOCUMENT # J46567**

1. Entity Name  
**FLOYCO, INC.**

Principal Place of Business

**1601 BELVEDERE RD  
 STE 204 E  
 WEST PALM BCH FL 33406  
 US**

Mailing Address

**1601 BELVEDERE RD  
 STE 204 E  
 WEST PALM BCH FL 33406-1556  
 US**

2. Principal Place of Business

**10 Fairway Drive**

3. Mailing Address

**10 Fairway Drive**

Suite, Apt. #, etc.

**Suite 215**

Suite, Apt. #, etc.

**Suite 215**

City & State

**Deerfield Beach, FL**

City & State

**Deerfield Beach, FL**

Zip

**33441**

Country

**USA**

Zip

**33441**

Country

**USA**

4. FEI Number

**93-1002302**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CARL J AUDEL C O WLVI  
 1601 BELVEDERE RD., STE 204E  
 WEST PALM BEACH 33406**

7. Name and Address of New Registered Agent

Name

**Carl Auel**

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

**10 Fairway Drive**

**Suite 215**

City

**Deerfield Beach**

**FL**

Zip Code

**33441**

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)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 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 **PSD** ☐ Delete  
 NAME **AUEL, CARL J.**  
 STREET ADDRESS **1601 BELVEDERE RD., STE 204E**  
 CITY-ST-ZIP **W PALM BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Change ☐ Addition  
 NAME **Carl J. Auel**  
 STREET ADDRESS **10 Fairway Drive, Suite 215**  
 CITY-ST-ZIP **Deerfield Beach, FL 33441**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **Robert A. Jones**  
 STREET ADDRESS **6469 Apache Drive**  
 CITY-ST-ZIP **Indian Head Park, IL 60525**

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carl J. Auel, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/00 954-596-2073**

Date

Daytime Phone #

CR2E034 (9/99)