

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90001 033 \*\*\*550.00

0136818 AT

**DOCUMENT # J46567**

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

Principal Place of Business  
**10 FAIRWAY DR., SUITE 215**  
**DEERFIELD BEACH FL 33441**  
**US**

Mailing Address  
**10 FAIRWAY DR., SUITE 215**  
**DEERFIELD BEACH FL 33441**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3185 S. Highland Drive**  
 Suite, Apt. #, etc.  
**Suite 13**  
 City & State  
**Las Vegas**  
 Zip  
**NV**  
 Country

3. Mailing Address  
**3185 S. Highland Drive**  
 Suite, Apt. #, etc.  
**Suite 13**  
 City & State  
**Las Vegas, NV**  
 Zip  
**89109**  
 Country

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. AUEL C O WLVI**  
**10 FAIRWAY DR., SUITE 215**  
**DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent  
 Name  
**Phil Maznick**  
 Street Address (P.O. Box Number is Not Acceptable)  
**409 Plant Terrace**  
 City  
**West Palm Beach** **FL** Zip Code  
**33406**

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 **Phil Maznick** *Phil Maznick* **8-1-01**  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>AUEL, CARL J.</b> <b>10 FAIRWAY DR., SUITE 215</b> <b>DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>JONES, ROBERT A</b> <b>6469 APACHE DR</b> <b>INDIAN HEAD PARK IL 60525</b>	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>Auel, Carl J.</b> <b>3185 S. Highland Drive, Suite 13</b> <b>Las Vegas, NV 89109</b>	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **8/2/01** **702-731-5588**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)