

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49282

1. Entity Name

FLANAGAN-METCALF & ASSOC., INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90027 026 ***150.00

Principal Place of Business 6708 BENJAMIN ROAD STE 300 TAMPA FL 33634 US	Mailing Address P.O. BOX 340060 TAMPA FL 33694-0060 US
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A0010825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15914 MYSTIC WAY Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33624	Country

4. FEI Number 59-2766908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GEIGER, NATHAN 6708 BENJAMIN RD., STE. 300 TAMPA FL 33634	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15914 MYSTIC WAY City TAMPA FL Zip Code 33624
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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: Nathan Geiger DATE: 1-16-00

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEIGER, NATHAN 6708 BENJAMIN RD., STE. 300 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15914 MYSTIC WAY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BITTING, MICHAEL R. 6708 BENJAMIN RD., STE. 300 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15914 MYSTIC WAY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GEIGER, MERIBETH M. 6708 BENJAMIN RD., STE. 300- TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15914 MYSTIC WAY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:

Nathan Geiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-00

Date

Daytime Phone #