

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90185 048 ***150.00

DOCUMENT # J78408

1. Entity Name

FLESSAS GROVES, INC.

Doris J. Flessas

Principal Place of Business

Mailing Address

33941 BLANTON ROAD
 DADE CITY FL 33523

33941 BLANTON ROAD
 DADE CITY FL 33523

Flessas Groves Inc.

2. Principal Place of Business

33941 Blanton Rd

3. Mailing Address

Blanton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blanton Rd, Dade City, Fl.

City & State

Dade City, Fl.

Zip

33525

Country

Fla

Zip

33525

Country

Fla

4. FEI Number

59-1651081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLESSAS, DORIS T
 33941 BLANTON RD
 DADE CITY FL 33523

7. Name and Address of New Registered Agent

Name *Shadone P. Flessas*

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

33025 Blanton Rd.

Dade City, Fl.

City

33525

FL

33525

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

Doris J. Flessas

1/12/01

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 \$150.00

After MAY 1, 2001 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 ☐ Delete

NAME *PD FLESSAS, THEODORE P.*
 STREET ADDRESS *34025 BLANTON ROAD*
 CITY-ST-ZIP *DADE CITY FL 33523*

TITLE ☐ Delete

NAME *SD FLESSAS, DORIS T*
 STREET ADDRESS *33941 BLANTON ROAD*
 CITY-ST-ZIP *DADE CITY FL 33523*

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
 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:

Doris J. Flessas

1/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)