

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81375

1. Entity Name
FLAIG, INC.

Principal Place of Business
14223 WHITECAP AVE
HUDSON FL 34667

Mailing Address
P.O. BOX 2197
NEW PORT RICHEY FL 34656-2197

2. Principal Place of Business
7423 MITCHELL BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
New Port Richey, FL.
Zip
34655
Country
PASCO

City & State
Zip
Country

4. FEI Number 59-2945824 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
FLAIG, GUNTHER
14223 WHITECAP AVE
HUDSON FL 34667

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
7423 MITCHELL BLVD.
City New Port Richey FL Zip Code 34655

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLAIG, GUNTHER 14223 WHITECAP AVE HUDSON FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FLAIG, SUSANNE H 14223 WHITECAP AVE HUDSON FL 34667 <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	7423 MITCHELL BLVD. NEW PORT RICHEY FL 34655 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7423 MITCHELL BLVD. NEW PORT RICHEY, FL 34655 <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: _____ Date _____ Daytime Phone # _____

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90011 042 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)