2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K94367

Name:

Address:

City-St-Zip:

Entity Name: FLAKMAN & ASSOCIATES INC.

FILED Aug 26, 2002 Secretary of State

		a / 10000 i/ 11 E0, ii 10.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
13180 N CLEVELAND AVE #124 NORTH FORT MYERS, FL 33903				13180 N CLEVELAND AVE #122 NORTH FORT MYERS, FL 33903		
Current M	ailing Address	:	New Mailir	New Mailing Address:		
13180 N CLEVELAND AVE #124 NORTH FORT MYERS, FL 33903				13180 N CLEVELAND AVE #122 NORTH FORT MYERS, FL 33903		
FEI Number:	59-2952144	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
13180 N C SUITE 124 N FT MYE The above	RS, FL 33903 เ named entity รเ	JS	13180 N CĹ SUITE 122 N FT MYEF	ELAKMAN, SY PRES,SE 13180 N CLEVELAND AVE SUITE 122 N FT MYERS, FL 33903 US of changing its registered office or registered agent, or both,		
	e of Florida.					
SIGNATUR	RE: SY ELAKM			08/26/2002		
Election Car	ation is eligible to s	e Signature of Registered Age catisfy its Intangible Tax filing req frust Fund Contribution (). ORS:	uirement and elects to d	. ,	Date TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E ELAKMAN, SY 3846 DELEON S FT MYERS, FL 3		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	S () E ELAKMAN, SY 3846 DELEON S' FT MYERS, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	()[)elete	Title [.]	VP () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ELAKMAN, STEVEN B 316 SE SANTA BARBARA CT

CAPE CORAL, FL 33990

SIGNATURE: STEVEN ELAKMAN VP 08/26/2002