

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008532

1. Entity Name  
FLAG LEASING, L.L.C.

Principal Place of Business  
3000 LANGLEY AVE  
PENSACOLA FL 32504

Mailing Address  
3000 LANGLEY AVE  
PENSACOLA FL 32504

2. Principal Place of Business  
3000 Langley Avenue

Suite, Apt. #, etc.  
Suite 402

City & State  
Pensacola, FL

Zip Country  
32504 US

3. Mailing Address  
3000 Langley Avenue

Suite, Apt. #, etc.  
Suite 402

City & State  
Pensacola, FL

Zip Country  
32504 US

4. FEI Number 59-3666300

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MATTHEWS, EDESL F JR  
208 S JEFFERSON ST  
PENSACOLA FL 32501

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900004138319--2  
-05/07/01--01041--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
FRUITTICHER, John T JR  
3000 Langley Avenue, Suite 402  
Pensacola, FL 32504

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
LOWERY, RODGER K  
3000 Langley Avenue, Suite 402  
Pensacola, FL 32504

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Rodger K Lowery*  
Rodger K Lowery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/2001

Date

(850) 477-8583

Daytime Phone #

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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