

2001 UNIFORM BUSINESS REPORT (UBR)

0003913 AF

DOCUMENT # L00000008532

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

FILED

01 APR 23 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3000 LANGLEY AVE
PENSACOLA FL 32504**

Mailing Address
**3000 LANGLEY AVE
PENSACOLA FL 32504**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3000 Langley Avenue

3. Mailing Address
3000 Langley Avenue

Suite, Apt. #, etc.
Suite 402

Suite, Apt. #, etc.
Suite 402

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
59-3666300

Applied For
 Not Applicable

Zip Country
32504 US

Zip Country
32504 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHEWS, ESEL F JR
208 S JEFFERSON ST
PENSACOLA FL 32501**

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

**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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRUITTICHER, John T JR 3000 Langley Avenue, Suite 402 Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID LOWERY, RODGER K 3000 Langley Avenue, Suite 402 Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/17/2001 (850) 477-8583
Date Daytime Phone #

CR2E083 (11/00)