

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90477 001 \*\*\*300.00

**DOCUMENT # L23345**

**1. Entity Name**  
**FLAGSHIP FINANCIAL SERVICES, INC.**

**Principal Place of Business**

**1500 NW 62ND ST #206**  
**FT LAUDERDALE FL 33309**

**Mailing Address**

**1500 NW 62ND ST #206**  
**FT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0148629**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JAFFE, CHARLES L.**  
**1701 W HILLSBORO BLVD**  
**STE 303**  
**DEERFIELD BCH. FL 33442**

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

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	KISLIA, JEROME	
STREET ADDRESS	1500 NW 62ND ST #206	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	PETERSON, GISELE	
STREET ADDRESS	1500 NW 62ND ST #206	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEALY, DEBORAH	
STREET ADDRESS	1500 NW 62ND ST #206	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TRACEY, PATRICIA M	
STREET ADDRESS	1500 N.W. 62ND ST., #206	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PELLITERI, SHARON F	
STREET ADDRESS	1500 N.W 62BND ST., #206	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)