

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90189 013 \*\*\*150.00

0660663 AV

**DOCUMENT # L54946**

1. Entity Name

**FLANAGAN & MENCHINGER, P.A.**



Principal Place of Business

**% JOHN R. FLANAGAN, CPA  
2831 RINGLING BLVD. SUITE 204-B  
SARASOTA FL 34237**

Mailing Address

**% JOHN R. FLANAGAN, CPA  
2831 RINGLING BLVD. SUITE 204-B  
SARASOTA FL 34237**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0115870**

Applied For

Not Applicable

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

**FLANAGAN, JOHN R.  
2831 RINGLING BLVD  
SUITE 204-B  
SARASOTA FL 34237**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D FLANAGAN, JOHN R.**  
STREET ADDRESS **2831 RINGLING BLVD**  
CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete  
NAME **D MENCHINGER, THOMAS A.**  
STREET ADDRESS **2831 RINGLING BLVD**  
CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/19/03**

**941-366-5646**

CR2E034 (10/02)

*Attachment*  
**FLANAGAN & MENCHINGER**

90137210  
#254946

CERTIFIED PUBLIC ACCOUNTANTS, P.A.

2831 RINGLING BOULEVARD • SUITE 204 B • SARASOTA, FLORIDA 34237 • (941) 366-5646

**MESSAGE**

TO WHOM IT MAY CONCERN  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DATE 5/19/03

%o DEAR SIR OR MADAM:

PLEASE EXCUSE THIS LATE FILING. I HAD THOUGHT  
I HAD TAKEN CARE OF THIS SOME MONTHS AGO, BUT  
EVIDENTLY IT GOT BURNED ON MY DESK DURING OUR  
TAX FILING SEASON.

THANK YOU FOR YOUR CONSIDERATION.

Sincerely

THOMAS A. MENCHINGER

SIGNED \_\_\_\_\_

**INSTRUCTIONS TO SENDER:**

1. KEEP CANARY COPY 2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.  
%o INDICATES FOLD MARK FOR #10 WINDOW ENVELOPE

**REPLY**

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

**INSTRUCTIONS TO RECEIVER:**

1. WRITE REPLY 2. DETACH STUB, KEEP PINK COPY, RETURN WHITE COPY TO SENDER.