

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-20-2002 90008 011 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000249

1. Entity Name

FLAZ HOLDINGS LLC

Principal Place of Business

2160 E FRY BLVD., SUITE 513
SIERRA VISTA AZ 85635

Mailing Address

2160 E FRY BLVD., SUITE 513
SIERRA VISTA AZ 85635

23875

2. Principal Place of Business

106 HANCOCK BRIDGE PKWY

Suite, Apt. #, etc.

D-15 SUITE 544

City & State

CAPE CORAL

Zip

33991

Country

LEE

3. Mailing Address

106 HANCOCK BRIDGE PKWY

Suite, Apt. #, etc.

D-15 SUITE 544

City & State

CAPE CORAL

Zip

33991

Country

LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

86-1013572

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEATHERMAN, USA
924 SE 23RD STREET
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

GEORGE M JONES

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

106 HANCOCK BRIDGE PKWY

D-15 SUITE 544

City

CAPE CORAL

FL

Zip Code

33991

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)

APRIL 5, 2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGR	JONES, GEORGE M	2160 E FRY BLVD., SUITE 513 SIERRA VISTA AZ 85635	

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

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

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

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

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

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

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

George M JONES MGR 3/7/02 (941) 282-1983

Date

Daytime Phone #

CR2E083 (9/01)