2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # M68317

TITLE

NAME STREET ADDRESS

SIGNATURE:

Principal Place of Business

FLO'S ENTERPRISES, INC.

% FAYE KING 5120 A PECAN SHADOW DR. 5120 A PECAN SHADOW DR. YOUNGSTOWN FL 32466 YOUNGSTOWN FL 32466-4537 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2901417 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KING, FAYE Street Address (P.O. Box Number is Not Acceptable) 3727 SHERRETT DRIVE SOUTHPORT FL 32409 Zip Code City FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Detete TITLE TITLE WILLARD, BOSS G. STREET ADDRESS STREET ADDRESS 5120A PECAN SHADOW DR. CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN FL 32466 Change ☐ Delete TITLE Addition NAME KING, FAYE NAME STREET ADDRESS STREET ADDRESS 3727 SHERRETT DRIVE CITY-ST-ZIP CITY-ST-ZIP SOUTHPORT FL __ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete THIE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Delete

TITLE

NAMÉ

STREET ADDRESS CITY-ST-ZIP

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

055 G. WILLARD

☐ Addition

Change

FILED

Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90197 013 ***150.00