

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M68317

1. Entity Name

FLO'S ENTERPRISES, INC.

Principal Place of Business

% FAYE KING
5120 A PECAN SHADOW DR.
YOUNGSTOWN FL 32466
US

Mailing Address

% FAYE KING
5120 A PECAN SHADOW DR.
YOUNGSTOWN FL 32466
US

2. Principal Place of Business

3. Mailing Address

3727 Sherrett Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Southport, FL

Zip

Country

Zip

Country

32409

USA

4. FEI Number

59-2901417

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, FAYE
3727 SHERRETT DRIVE
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLARD, BOSS G.	
STREET ADDRESS	5120A PECAN SHADOW DR.	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, FAYE	
STREET ADDRESS	3727 SHERRETT DRIVE	
CITY-ST-ZIP	SOUTHPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Jaye P. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/01 (850)624-4992

Date

Daytime Phone #

5/

FILED
May 30, 2001 8:00 am
Secretary of State

05-10-2001 90072 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)