

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 013 ***150.00

DOCUMENT # M68317

1. Entity Name

FLO'S ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3727 SHERRETT DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3727 SHERRETT DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SOUTHPORT, FL

City & State

SOUTHPORT, FL

4. FEI Number

59-2901417

Applied For

Not Applicable

Zip

32409

Country

USA

Zip

32409

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FAYE P. KING

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

3727 SHERRETT DRIVE

City

SOUTHPORT

FL

Zip Code
32409

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P/C FAYE P. KING 3727 SHERRETT DR. SOUTHPORT, FL. 32409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T KRISTIN A. SCHMIDT 411 W. 22ND STREET PANAMA CITY, FL. 32405
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Faye P. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

850-258-7935

Daytime Phone #

CR2E034B (12/01)