2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200000454

1. Entity Name



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91845 028 ****61.25

| FLYING FISH PARENTS ASSOCIATION, INC. | | | | | | | | | | | | | |
|---|--|--------------------|---------------------------------|---|--|--------------|-------------------------------|----------------|--------------|-----------------|---|--|--------------|
| Principal Plac | ee of Business | Mailing | Address | | | | | | | | | | |
| 4121 OLD MILL COVE TRAIL WEST JACKSONVILLE FL 32277 4121 OLD MILL COVE TRAIL WEST JACKSONVILLE FL 32277 | | | | | | | | | | . : | | | |
| 2.413° | Place Persines Roll | 3. Maili | ng Address | | | | | | | | | | |
| Suite, Apt. | #, etc. | Sui | te, Apt. #, etc. | | | | | ☐ CHECK | HERE IF | MAKING | CHANGES | | |
| 5ackson Ne F1 | | | City & State | | | | 4. FEI Number 59-3720652 | | | | | oplied For ot Applicable | 7 |
| 321 | Country | Zip | | Cou | ıntry | | 5. Certificate | of Status De | esired | | \$8.75 Ad Fee Require | | |
| | 6. Name and Address of Current | Registere | d Agent | | - - | | 7:•Name and | Address o | l.New.Reg | stered A | gent | | |
| | | | | | Name | | | | | | | | |
| BERLIN, EDWARD 4121 OLD MILL COVE TRAIL WEST | | | | | Street Add | dress (F | P.O. Box Numbe | er is Not Acc | eptable) | | | | |
| JACKSON | WILLE FL 32277 | | | | | | | | | | | | |
| | | | | | City | | | | | FL | Zip Cod | e | ٦ |
| | e named entity submits this statement for | r the purpo | ose of changing its | registere | ed office or re | registere | ed agent, or bot | th, in the Sta | te of Florid | a. I am f | amiliar with, | and accept | |
| the obligat | tions of registered agent. | | | | | | | | | | | | |
| CICALATUDE | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | |
| | Signature, typed or printed name of registered agent a | and title if appli | icable. (NOTE | : Registered | d Agent signature | e required v | when reinstating) | | | DATE | | | |
| ! \ | Signature, typed or printed name of registered agent agent in the state of the stat | and title if appli | 9. Election Cam Trust Fund C | npaign F | inancing | | \$5.00 May E Added to Fees | | | Check | Payable ment of | | |
| b. | Signature, typed or printed name of registered agent of the second secon | | 9. Election Carr | npaign F | inancing |] | \$5.00 May E Added to Fees | | Florida | Check Depart | ment of | State | |
| ! \ | Signature, typed or printed name of registered agent agent in the state of the stat | | 9. Election Carr | npaign Fi ontributi | inancing ion. |] | \$5.00 May E | | Florida | Check Depart | ment of | State | (60) |
| 10. TITLE NAME | Signature, typed or printed name of registered agent of the second of th | RECTORS | 9. Election Cam Trust Fund C | npaign Foontribution 11. TITLE | Financing ion. |] | \$5.00 May E Added to Fees | | Florida | Check Depart | ment of | State | (10/03) |
| 10. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent of the second of th | RECTORS | 9. Election Cam Trust Fund C | npaign Frontribution 11. TITLE NAME | Financing con. |] | \$5.00 May E Added to Fees | | Florida | Check Depart | ment of | State | (10/02) |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent of FILE NOW: FEE IS \$61.25 OFFICERS AND DIF D BERLIN, EDWARD 4121 OLD MILL COVE TRAIL WES JACKSONVILLE FL 32277 | RECTORS | 9. Election Cam Trust Fund C | npaign Fontribution Title NAME STREE | inancing ion. |] | \$5.00 May E Added to Fees | | Florida | Check Depart | ment of SECTORS IN | State 1 10 Addition | 7407 |
| 10. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent of the second of th | RECTORS | 9. Election Cam Trust Fund C | npaign Frontribution 11. TITLE NAME | inancing ion. |] | \$5.00 May E Added to Fees | | Florida | Check Depart | ment of | State | 7407 |
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12. I hereby certify that the information supplied with this fling 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 order that am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears to block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered. n officer or director

SIGNATURE:

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