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

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-30-2002 90063 024 ****61.25

DOCUMENT #. N31098 ✓

1. Entity Name: The Flying Four Inc

DO NOT WRITE IN THIS SPACE

17374

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15914 Armistead Ln	15914 Armistead Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa FL	City & State: Odessa FL
Zip: 33556 Country: USA	Zip: 33556 Country: USA

4. FEI Number: 59-2985101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Scott Cochran

Street Address (P.O. Box Number is Not Acceptable): 15914 Armistead Ln

City: Odessa FL Zip Code: 33556

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: Scott Cochran 2/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Briggs, Dennis	NAME	
STREET ADDRESS	1676 Lago Vista Blvd	STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor FL 34685	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Cochran, Scott	NAME	
STREET ADDRESS	15914 Armistead Ln	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Odessa FL 33556	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Cochran Treasurer Scott Cochran Jan 26 2002 813-546-6264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #