

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

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

04-30-2001 90326 047 ***158.75

DOCUMENT # P00000012235

1. Entity Name
FLBID, INC.

Principal Place of Business
128 GARDENIA AVE
PONTE VEDRA BEACH FL 32082

Mailing Address
128 GARDENIA AVE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3643371** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WESTOVER, JAMES
1620 WEST WIND DR
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name **JOSE M. PALACIOS**
 Street Address (P.O. Box Number is Not Acceptable)
128 GARDENIA AVE
 City **PONTE VEDRA BEACH FL** Zip Code **32082**

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 **JOSE M. PALACIOS** **PRESIDENT AND CEO** **4-24-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) 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	CEO / V. PRESIDENT <input checked="" type="checkbox"/> Delete
NAME	JAMES WESTOVER
STREET ADDRESS	1620 WEST WIND DR.
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	PRESIDENT / CEO <input type="checkbox"/> Delete
NAME	JOSE M. PALACIOS
STREET ADDRESS	128 GARDENIA AVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MARKETING MANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN F. PALACIOS
STREET ADDRESS	128 GARDENIA AVE.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
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	
CITY-ST-ZIP	
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	
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: **JOSE M. PALACIOS** **4/24/01** **1904/502-3114**
 Signature and typed name of signing officer or director Date Day/Month/Year

CR2E034 (10/00)