

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90129 001 ***150.00

DOCUMENT # P00000019378

1. Entity Name
FLAUNT MEDIA, INC.

Principal Place of Business

Mailing Address

~~2703 CLARK RD~~
~~TAMPA FL 33618~~

~~2703 CLARK RD~~
~~TAMPA FL 33618~~

2. Principal Place of Business
1407 Gulf Stream Cir.

3. Mailing Address
1407 Gulf Stream Cir.

Suite, Apt. #, etc.
Apt. 201

Suite, Apt. #, etc.
Apt. 201

City & State
Brandon FL

City & State
Brandon FL

Zip
33511

Country
Hillsborough

Zip
33511

Country
Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PEREZ, FRANK III~~
~~2703 CLARK RD~~
~~TAMPA FL 33618~~

Name
Robert J. Chadwell
~~1407 Gulf Stream Cir.~~
Apt 201
City **Brandon** FL Zip Code **33511**

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)

02-09-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input type="checkbox"/> Delete
NAME Robert J. Chadwell	
STREET ADDRESS 1407 Gulf Stream Cir.	
CITY-ST-ZIP Brandon, FL 33511	
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-01

Date

813-505-2520

Daytime Phone #

CR2E034 (10/00)