2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90165 011 ***150.00

DOCUMENT # P00000024832

1. Entity Name
FLAVA 2000, INC.

Principal Place of Business
6708 Buttontree Ct.
Jacksonville FL 32277

Mailing Address
6708 Buttontree Ct.
Jacksonville FL 32277

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite Apt # etc
City & State
Zip Country

3. Mailing Address
P.O. Box 24668
Suite, Apt. #, etc
City & State
Jacksonville FL
Zip Country
32241

4. FEI Number
59-3630815
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Jones, Richard B.
6708 Buttontree Ct.
Jacksonville FL 32277

7. Name and Address of New Registered Agent
Name Meredith A. Hernandez
Street Address (P.O. Box Number is Not Acceptable) 3617 Crown Point Rd.
Suite 1
City Jacksonville FL Zip Code 32257

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] DATE 3/20/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD JONES, RICHARD B. 6708 Buttontree Ct. JACKSONVILLE FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 24668 Jacksonville FL 32241
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOWE, JOSEPH 3607 Walsh St. JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #