

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032849

1. Entity Name

JERRY FLYNN CONSTRUCTION, INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91177 015 \*\*\*150.00

Principal Place of Business

604 MEADOWVALE DRIVE  
 ORLANDO FL 32825

Mailing Address

604 MEADOWVALE DRIVE  
 ORLANDO FL 32825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

59-3637211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLYNN, JERRY  
 604 MEADOWVALE DRIVE  
 ORLANDO FL 32825

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOT: Registered Agent signature required when reinstating)

DATE

5/16/01

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

☐

**FILE NOW!**  
 After MAY 1, 2001  
 Make Check Payable to Department of State

**FEE IS \$150.00**  
 Fee will be \$550.00

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 PSD ☐ Delete  
 NAME FLYNN, JERRY  
 STREET ADDRESS 604 MEADOWVALE DRIVE  
 CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME BARNETTE, DAVID  
 STREET ADDRESS 6510 ARGYLE STREET  
 CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME BROWN, BILL K  
 STREET ADDRESS 1004 CARLSON AVENUE  
 CITY-ST-ZIP ORLANDO FL 32892

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TR ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition  
 NAME MICHAEL GREEN  
 STREET ADDRESS 11820 BALBOA DRIVE  
 CITY-ST-ZIP ORLANDO FL, 32848

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/01 407-443-0633

CR2E034 (10/00)