

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034158

1. Entity Name  
FLINTERIORS.COM, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90009 047 \*\*\*150.00

0415786

Principal Place of Business  
1218 SEA PLUME WAY  
SARASOTA FL 34242

Mailing Address  
1218 SEA PLUME WAY  
SARASOTA FL 34242

A0031504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5131 Jungle Plum Rd  
Suite, Apt. #, etc.

3. Mailing Address  
5131 Jungle Plum Rd  
Suite, Apt. #, etc.

City & State  
Sarasota FL  
Zip  
34242  
Country  
Sarasota

City & State  
Sarasota FL  
Zip  
34242  
Country  
Sarasota

4. FEI Number  
650994234  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NEWCOMBE, ROBERTA  
1218 SEA PLUME WAY  
SARASOTA FL 34242

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5131 Jungle Plum Road  
City Sarasota FL Zip Code 34242

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 DATE 3/13/01  
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NEWCOMBE, ROBERTA 1218 SEA PLUME WAY SARASOTA FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date: 3/13/01 Daytime Phone #: 941 320 9685

CR2E034 (10/00)