

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90014 039 \*\*\*550.00

**DOCUMENT # P00000040101**

1. Entity Name  
**A FLOCK OF SEAGULLS, INC.**

Principal Place of Business

**1084 W. RIVERA BLVD.  
 OVIEDO FL 32765**

Mailing Address

**1084 W. RIVERA BLVD.  
 OVIEDO FL 32765**

00000014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**150 RUBY ST**

3. Mailing Address

**150 RUBY ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ROCKLEDGE FL.**

City & State  
**ROCKLEDGE**

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
**32955**

Country  
**USA**

Zip  
**32955**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

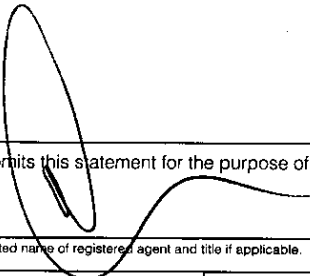
7. Name and Address of New Registered Agent

**SCORE, TARA  
 1084 W. RIVERA BLVD.  
 OVIEDO FL 32765**

Name  
**SCORE TARA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 RUBY ST**

City  
**ROCKLEDGE** **FL** Zip Code  
**32955**

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  **9-5-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PD SCORE, MICHAEL** ☐ Delete  
 STREET ADDRESS **1084 W. RIVERA BLVD.**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE  
 NAME **PD MICHAEL SCORE** ☒ Change ☐ Addition  
 STREET ADDRESS **150 RUBY ST**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE  
 NAME **D SCORE, TARA** ☐ Delete  
 STREET ADDRESS **1084 W. RIVERA BLVD.**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE  
 NAME **D TARA SCORE** ☒ Change ☐ Addition  
 STREET ADDRESS **150 RUBY ST**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SEPT 5 2001 (321) 633 4143**  
 Date Daytime Phone #

CR2E034 (5/01)