

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043789

1. Entity Name
FLM GROUP, INC.

Principal Place of Business
350 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785

Mailing Address
POST OFFICE BOX 1116
INDIAN ROCKS BEACH FL 33785

2. Principal Place of Business

9828 62nd Terrace N.
Suite, Apt. #, etc.

3. Mailing Address

9828 62nd Terrace N.
Suite, Apt. #, etc.

City & State
St. Petersburg, FL 33708
Zip
33708
Country
Pinellas

City & State
St. Petersburg, FL
Zip
33708
Country
Pinellas

4. FEI Number

59-3649660

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALAN S. CHRISTNER, JR., P.A.
350 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

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

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director, President, Treasurer
Charles F. Lowe
9828 62nd Terrace N.
St. Petersburg, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
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CITY-ST-ZIP
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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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

8-23-01
Date

727-393-8841
Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90001 005 ***550.00



DO NOT WRITE IN THIS SPACE

0122498 AT

CR2E034 (5/01)