2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000050211 **DOCUMENT#**

FLAGLER BUSINESS CENTER CORP.



04-21-2003 90386 050 ***150.00

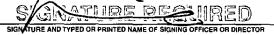
FILED Apr 21, 2003 8:00 am Secretary of State

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Principal Place of Business 777 S FLAGLER DRIVE 8TH FLOOR WEST TOWER WEST PALM BEACH FL 33401			Mailing Address 777 S FLAGLER DRIVE 8TH FLOOR WEST TOWER WEST PALM BEACH FL 33401							
Principal Place of Business 3. Mailing Address						\dashv				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAK	NG CHANGE	S	
City & Stat	ie .	City	City & State			4. 1	4. FEI Number 65-1010894 Applied For Not Applicab			
Zip	Zip Country Zip			Coun	try	5. (Certificate of Status Desired	\$8.75 A Fee Requi	dditional	
6. Name and Address of Current Registered Agent						7. N	Name and Address of New Register	ed Agent _	- _	
				~	Name					
MILLER, R	OSS			i						
2400 W. C	CYPRESS CREEK RD #100				Street Address (P.O. Box Number is Not Acceptable)					
FORT LAU	DERDALE FL 33309									
	,				City			Zip Co		
					Only		t	Zip Co		
	named entity submits this statement lions of registered agent.	for the purp	ose of changing its	registere	ed office or regis	stered age	ent, or both, in the State of Florida. I a	ım familiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if appl	icable. (NOTE	: Registered	d Agent signature requ	uired when re	einstating) DAT		 _	
F	ILE NOW!!! FEE IS \$150.00			-			9. Election Campaign Financing		00	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department						Trust Fund Contribution,		00 May Be ed to Fees	
10.	OFFICERS AN		38	11.			 DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	
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	2400 W. CYPRESS CREEK RD #100				ET ADDRESS				į	
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NAME	GYRON, KELLY		LI DOGGO	NAME	ſ			vnange		
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CITY-ST-ZIP	FORT LAUDERDALE FL 33309			CITY-	ST-ZiP				Í	
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12. I hereby o	certify that the information supplied wi	th this filing o	does not qualify for	the exer	nption stated in	Section 1	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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Daytime Phone #