

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90237 017 ***150.00

DOCUMENT #

1. Entity Name

PO0000054678
G F Form + Poor Tiebeams, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt., Etc.

2883 E. RAINBOW Cir

Suite, Apt., Etc.

2883 E. RAINBOW Circle

City & State

SARASOTA, FL

City & State

SARASOTA

4. FEI Number

65-1013558

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

FL

Country

SARASOTA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

7. Name and Address of Current Registered Agent

Name

BOLLINGTON, WALTER G, JR.

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

628 Stone Drive

City

Brandon

FL

Zip Code

33510-3503

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DP
NAME Flagg, Greg A
STREET ADDRESS 2883 E. RAINBOW Circle
CITY - ST - ZIP SARASOTA, FL 34231

TITLE DST
NAME Flagg Cristy L
STREET ADDRESS 2883 E. RAINBOW Circle
CITY - ST - ZIP SARASOTA, FL 34231

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)