

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060991

1. Entity Name

J.P. FLANAGAN & ASSOCIATES, INC.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90066 032 \*\*\*150.00

Principal Place of Business

8100 BERMUDA POINTE LANE  
DAVIE FL 33328

Mailing Address

8100 BERMUDA POINTE LANE  
DAVIE FL 33328

2. Principal Place of Business

3880 EAST LAKE ESTATES DR.

3. Mailing Address

3880 EAST LAKE ESTATES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

Zip

33328

Country

USA

Zip

33328

Country

U.S.A

4. FEI Number

Applied For

☒ Not Applicable

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

MREJEN, ARIE P.A.  
701 W. CYPRESS CREEK RD.  
SUITE 302  
FORT LAUDERDALE FL 33309

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                 | STREET ADDRESS           | CITY-ST-ZIP    |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|----------------------|--------------------------|----------------|---------------------------------|-------|------|----------------|-------------|---|
|       | D                    |                          |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | FLANAGAN, J. PATRICK | 8100 BERMUDA POINTE LANE | DAVIE FL 33328 |                                 |       |      |                |             |   |
|       |                      |                          |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                      |                          |                |                                 |       |      |                |             |   |
|       |                      |                          |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                      |                          |                |                                 |       |      |                |             |   |
|       |                      |                          |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                      |                          |                |                                 |       |      |                |             |   |
|       |                      |                          |                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                      |                          |                |                                 |       |      |                |             |   |
|       |                      |                          |                | <input type="checkbox"/> Delete |       |      |                |             | <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:

*P. Flanagan* P. FLANAGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 30/2001

Date

954-370-2583

Daytime Phone #

CR2E034 (10/00)