

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90292 015 ***158.75

DOCUMENT # P00000060991

1. Entity Name
J.P. FLANAGAN & ASSOCIATES, INC.

Principal Place of Business
3880 EAST LAKE ESTATES DRIVE
DAVIE FL 33328

Mailing Address
8100 BERMUDA POINTE LANE
DAVIE FL 33328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2269 S. University Dr.
 Suite, Apt. #, etc.

3. Mailing Address
2269 S. University Dr.
 Suite, Apt. #, etc.

Suite 275
 City & State

Suite 275
 City & State

Davie FL

Davie FL

Zip
33324-5856

Country
USA

Zip
33324-5856

Country
USA

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **65-1104530**

\$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, 2002 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 **D** ☐ Delete
NAME **FLANAGAN, J. PATRICK**
STREET ADDRESS **8100 BERMUDA POINTE LANE**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **P / D** ☒ Change ☐ Addition
NAME **Joseph Jean Patrick Flanagan**
STREET ADDRESS **3880 E. Lake Estates Drive**
CITY-ST-ZIP **Davie, FL 33328** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Joseph Jean Patrick Flanagan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Joseph Jean Patrick Flanagan**

(954)
370-2583

Date

Daytime Phone #

CR2E034 (9/01)