## 2001 UNIFORM BUSINESS REPORT (UBR)

## Secretary of State DOCUMENT # P0000068436 05-29-2001 90007 002 \*\*\*558 75 FLAMINGO ENERGY CORPORATION Principal Place of Business Mailing Address PALACTIVE RUE: PALACIAND 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired .... Fee Recuired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen CORPDIRECT AGENTS Street Address (P.O. Box Number is Not Acceptable) 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOT Flegistered Agent signature required when rei FILE NOW: 1: FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 ke Check Payal is to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payal ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZDP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify it in 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 owth; 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 chapter 607 on an attachment with an address, with all other like empowered.

FILED Jul 05, 2001 8:00 am

SIGNATURE: