

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088258

1. Entity Name  
FLINT FINANCIAL INVESTMENTS MANAGEMENT CORPORATION

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90038 036 \*\*\*150.00

Principal Place of Business  
12629 NEW BRITTANY BLVD  
FT MYERS FL 33907

Mailing Address  
12629 NEW BRITTANY BLVD  
FT MYERS FL 33907

ADD 02-15-2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1058632

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

UCC FILING & SEARCH SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301

Name Hynden, Eric J.  
Street Address (P.O. Box Number is Not Acceptable)  
12629 New Brittany Blvd

City Fort Myers

FL

Zip Code 33907

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

(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 D  
NAME HYNDEN, ERIC J  
STREET ADDRESS 12629 NEW BRITTANY BLVD  
CITY-ST-ZIP FT MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HYNDEN, SHERRI L  
STREET ADDRESS 12629 NEW BRITTANY BLVD  
CITY-ST-ZIP FT MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/1e Phone #

941/936-2777

0534268

CR2E034 (10/00)