

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

0053237

**DOCUMENT # P00000093053**

1. Entity Name  
**FLAIR PROPERTIES, INC.**

08-24-2001 90042 005 \*\*\*550.00

Principal Place of Business  
1546 S DALE MABRY HWY  
TAMPA FL 33629

Mailing Address  
1546 S DALE MABRY HWY  
TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2109 Bayshore Blvd**  
Suite, Apt. #, etc.  
**911**  
City & State  
**Tampa Florida**  
Zip  
**33606** Country  
**USA**

3. Mailing Address  
**2109 Bayshore Blvd**  
Suite, Apt. #, etc.  
**911**  
City & State  
**Tampa Florida**  
Zip  
**33606** Country  
**USA**

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  
**HEISTAND, PAUL K**  
**221 2ND AVE N**  
**ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
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]* (NOTE: Registered Agent signature required when reinstating) DATE **8/20/01**

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NGUYEN, PHUC "DAVID"</b>
STREET ADDRESS	<b>1546 S DALE MABRY HWY</b>
CITY-ST-ZIP	<b>TAMPA FL 33629</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DUMNANOSKI, HOLLY J</b>
STREET ADDRESS	<b>3211 W TACON</b>
CITY-ST-ZIP	<b>TAMPA FL 33629</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]* **Phuc Nguyen** **8/20/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)