

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90144 032 ***150.00

DOCUMENT # P00000108412

1. Entity Name

FLORES DEL PLAYA, INC.

Principal Place of Business

821 N EOLA DR
ORLANDO FL 32803

Mailing Address

821 N EOLA DR
ORLANDO FL 32803

2. Principal Place of Business

PO Box 110176
Suite, Apt. #, etc.

3. Mailing Address

PO Box 110176
Suite, Apt. #, etc.

City & State

Palm Bay, Florida

City & State

Palm Bay, Florida

4. FEI Number

59-3685419

Applied For

Not Applicable

Zip
32911-0176

Country

Zip
32911-0176

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 E NEW HAVEN AVE
MELBOURNE FL 32901

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOROUGH, HOWARD	
STREET ADDRESS	821 N EOLA DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOROUGH, JOHN	
STREET ADDRESS	821 N EOLA DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRING, ANGELA	
STREET ADDRESS	821 N EOLA DR	
CITY-ST-ZIP	ORLANDO FL 32803	
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	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 110176	
CITY-ST-ZIP	Palm Bay FL 32911-0176	
TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 110176	
CITY-ST-ZIP	Palm Bay FL 32911-0176	
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 110176	
CITY-ST-ZIP	Palm Bay FL 32911-0176	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)