

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114979

1. Entity Name

FIRST FLEX, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90021 023 ***150.00

0010471

Principal Place of Business

Mailing Address

2198 PRINCETON STREET
 SARASOTA FL 34237

2198 PRINCETON STREET
 SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

HARRIS, G PETER
 2198 PRINCETON STREET
 SARASOTA FL 34237

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, G PETER	
STREET ADDRESS	2198 PRINCETON ST	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGELBRECHT, ANTON	
STREET ADDRESS	MILL STREET	
CITY-ST-ZIP	CAPE TOWN SOUTH AFRICA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GODINHO, RUDY	
STREET ADDRESS	MILL STREET	
CITY-ST-ZIP	CAPE TOWN SOUTH AFRICA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

G. Peter HARRIS

Date

Daytime Phone #

4/24/01

941-953-5939

CR2E034 (10/00)