

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90884 031 ***150.00

DOCUMENT # P01000048256

1. Entity Name

FLOW SYSTEMS, INC.

Principal Place of Business

2021 SE 10TH AVENUE

#202

FT. LAUDERDALE FL 33316

Mailing Address

2021 SE 10TH AVENUE

#202

FT. LAUDERDALE FL 33316

2. Principal Place of Business

6011 NE 19th AVE

Suite, Apt. #, etc.

3. Mailing Address

6011 NE 19th AVE

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33306

Country

FL

City & State

Fort Lauderdale

Zip

33308

Country

FL

4. FEI Number

65-1115088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UFFENS, STEPHEN R

2021 SE 10TH AVENUE

#202

FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

UFFENS, Stephen R

Street Address (P.O. Box Number is Not Acceptable)

6011 NE 19th AVE

FT LAUDERDALE

FL

Zip Code

33308

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 *Stephen R. Uffens* **Stephen R. Uffens** **3-22-02**

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, 2002 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** ☐ Delete
NAME **UFFENS, STEPHEN R**
STREET ADDRESS **2021 SE 10TH AVENUE #202**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6011 NE 19th AVE**
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Stephen R. Uffens* **Stephen R. Uffens** **3-22-02 (954)816-7967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0023112 AV

CR2E034 (9/01)