

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000069377

1. Entity Name

GET Flooded Inc

**FILED
May 17, 2002 8:00 am
Secretary of State**

05-17-2002 90035 015 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5140 Cobble Creek Court
Suite, Apt. #, etc.
201
City & State
Naples
Zip 34110 PL

3. Mailing Address
5140 Cobble Creek Court.
Suite, Apt. #, etc.
201
City & State
Naples
Zip 34110

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PATRICK Mc GRATH
Street Address (P.O. Box Number is Not Acceptable)
5140 Cobble Creek Court # 201
City Naples
FL Zip Code 34110

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 PATRICK Mc GRATH

(NOTE: Registered Agent signature required when reinstating)

04/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
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 President
NAME PATRICK Mc GRATH
STREET ADDRESS 5140 Cobble Creek Court # 201
CITY-ST-ZIP Naples FL 34110

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

0411 2532479
Daytime Phone #

CR2E034B (12/01)