

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90082 026 ***150.00

DOCUMENT # P 010000 89405

1. Entity Name
FLOCK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 SW 110 AVE

3. Mailing Address

700 SW 110 AVE

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-1138801

Applied For

Not Applicable

Zip

33025

Country

U.S.A

Zip

33025

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **FRANKLIN L. O'NEILL**

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

700 SW 110 AVE #103

City

PEMBROKE PINES FL

Zip Code

33025

**DO NOT WRITE
IN THIS SPACE**

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

4.29.02

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 \$550.00

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 **P/T**
NAME **FRANKLIN L. O'NEILL**
STREET ADDRESS **700 SW 110 AVE #103**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/S**
NAME **LORNA M. O'NEILL**
STREET ADDRESS **700S W 110 AVE #103**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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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

FRANKLIN L. O'NEILL

Date

4.29.02

Daytime Phone #

305-450-2424

CR2E034B (12/01)