

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90433 010 \*\*\*150.00

DOCUMENT # **P01000089405**  
1. Entity Name  
**FLOCK, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**13251 NW 12 ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**13251 NW 12 ST.**  
Suite, Apt. #, etc.

**80088641**

DO NOT WRITE IN THIS SPACE

City & State  
**PEMBROKE PINES FL**

City & State  
**PEMBROKE PINES FL**

Zip  
**33028**

Country  
**U.S.A.**

Zip  
**33028**

Country  
**U.S.A.**

4. FEI Number  
**65-1138801**

Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**FRANKLIN L. O'NEILL**

Street Address (P.O. Box Number is Not Acceptable)  
**13251 NW 12 ST.**

City  
**PEMBROKE PINES FL**

Zip Code  
**33028**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Franklin L. O'Neill* **4.18.03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T FRANKLIN O'NEILL 13251 NW 12 ST PEMBROKE PINES FL 33028</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S LORNA O'NEILL 13251 NW 12 ST PEMBROKE PINES FL 33028</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Franklin L. O'Neill* **FRANKLIN O'NEILL** **4.18.03** **954 632 5444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E031B (12/02)