

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91280 009 \*\*\*150.00

**DOCUMENT # P01000111558**

1. Entity Name  
**FLAGS ON THE GO, INC.**

Principal Place of Business  
**2440 STATE RD 580 STE 12**  
**CLEARWATER FL 33761**

Mailing Address  
**2440 STATE RD 580 STE 12**  
**CLEARWATER FL 33761**

2. Principal Place of Business  
**2440 STATE RD 580**  
 Suite, Apt. #, etc.  
**12**

3. Mailing Address  
**2440 STATE RD. 580**  
 Suite, Apt. #, etc.  
**12**

City & State  
**CLEARWATER FL.**

City & State  
**CLEARWATER FL**

4. FEI Number  
**01-0571660**

Applied For  
 Not Applicable

Zip  
**33761** Country  
**PINELLAS**

Zip  
**33761** Country  
**PINELLAS**

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**

**OWENS, CHARLES S III**  
**2440 STATE RD 580 STE 12**  
**CLEARWATER FL 33761**

Name  
**N/A**  
 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 **Charles S Owens III**  
 Signature, typed or printed name of registered agent and title if applicable.

**[Signature]**  
 (NOTE: Registered Agent signature required when reinstating)

**4-30-02**  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OWENS, CHARLES S III</b> <b>2787 ENTERPRISE RD E #12</b> <b>CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OWENS, DOROTHY K</b> <b>2787 ENTERPRISE RD E #12</b> <b>CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OWENS, KATHY M</b> <b>155 LAGO CT #2-106</b> <b>DUNEDIN FL 34698</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Charles S Owens III**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02** **727-791-9741**  
 Date Daytime Phone #

CR2E034 (9/01)