

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113394

1. Entity Name
COBRA-FLEX SERVICES, INC.

Principal Place of Business

PO BOX 48953
SARASOTA FL 34230

Mailing Address

PO BOX 48953
SARASOTA FL 34230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3757922

Applied For

Not Applicable

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

FLYNN, JOHN W
623 BACK NINE DR.
VENICE FL 34292

Name

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLYNN, JOHN W
PO BOX 48953
SARASOTA FL 34230

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP
mo

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

JOHN W FLYNN

4/29/02

941 366 8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90185 047 ***150.00

36102



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Cobra-Flex Services, Inc.
P O Box 48953
Sarasota FL 34230
941/366-8020

Attachment
36102

June 13, 2002

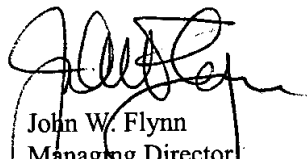
Division of Corporations
ANNUAL REPORTS
P O Box 6327
Tallahassee FL 32314

Re: Cobra-Flex Services, Inc.
P01000113394

See your attached letter regarding the referenced Corporation, in which you request the new registered agent to sign accepting their designation on the 2002 Uniform Business Report. Please disregard our original request to change the registered agent. The undersigned will remain as the registered agent for the referenced Corporation. Enclosed is a copy of the Report with the incorrect registered agent removed. Feel free to contact our office should you have any further questions.

Very truly yours,

COBRA-FLEX SERVICES, INC.


John W. Flynn
Managing Director
Enclosures