FILED
Jul 21, 2003 8:00 am
Secretary of State
06-16-2003 90141 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022173 (L)

1. Entity Name
Flag Hos Inc

55051720

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
207 Bacher St	P.O. Box 727
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bunnell, Fla 32110	Bunnell, Fla
City & State	City & State
Zip 32110 Country Flagler	Zip 32110 Country Flagler

4. FEI Number Applied — ☑ 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: C. Lare Ronald Esq

Street Address (P.O. Box Number is Not Acceptable): 501 St Johns Ave

City: Palatka FL Zip Code: 32177

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 PRES.	CANAKARIS John M JR
NAME	
STREET ADDRESS	200 S Bacher ST.
CITY-ST-ZIP	P.O. Box 727
TITLE	Bunnell, Fla 32110
NAME	President
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: John M Canakaris Jr 6/9/03 386-437-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #