


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90132 023 ***150.00

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DOCUMENT # P02000054448	
1. Entity Name FLIP FLOPS INCORPORATED	

Principal Place of Business 2900 ATLANTIC AVE. STE 1 AMELIA ISLAND FL 32034	Mailing Address 21 NORTH 3 ST AMELIA ISLAND FL 32034
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1000 WEST AVE, STE 1114 MIAMI BCH FL 33139
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4. FEI Number 61-1414910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name <u>Pamela L. Foster</u>	
Street Address (P.O. Box Number Is Not Acceptable) <u>21 N. 3rd Street</u>	
City <u>Fernandina Beach</u>	FL <u>32034</u>

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 <u>Pamela L. Foster</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>5/27/03</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, PAMELA 21 NORTH 3 ST AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTER, KADESH 21 NORTH 3 ST AMELIA ISLAND FL 32034 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Pamela L. Foster</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/27/03</u>	Daytime Phone # <u>(904) 321-0317</u>
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CR2E034 (10/02)