

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90225 006 ***150.00

DOCUMENT # P02000089780

1. Entity Name
FLO USA, INC.



Principal Place of Business

~~22 WINDSOR ISLE DRIVE~~
~~LONGWOOD FL 32779~~

Mailing Address

~~22 WINDSOR ISLE DRIVE~~
~~LONGWOOD FL 32779~~



2. Principal Place of Business

120 INTERNATIONAL PKWY

3. Mailing Address

120 INTERNATIONAL PKWY

Suite, Apt. #, etc.

STE 120

Suite, Apt. #, etc.

STE 120

CITY & STATE
HEATHROW, FLORIDA

CITY & STATE
HEATHROW, FLORIDA

4. FEI Number

43-1970794

Applied For

Not Applicable

Zip

COUNTRY

32746

SEMINOLE

Zip

COUNTRY

32746

SEMINOLE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAS, CENGIZ Y

~~22 WINDSOR ISLE DRIVE~~

~~LONGWOOD FL 32779~~

7. Name and Address of New Registered Agent

Name

CANDACE T. MATTHEWS

Street Address (R.O. Box Number is Not Acceptable)

120 INTERNATIONAL PKWY, STE 220

City

HEATHROW

FL

Zip Code

32746

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

Candace Matthews
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/1/03

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.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete

NAME ~~ARAS, CENGIZ Y~~

STREET ADDRESS ~~22 WINDSOR ISLE DRIVE~~

CITY-ST-ZIP ~~LONGWOOD FL 32779~~

TITLE D ☐ Delete

NAME ~~ARAS, CENGIZ Y~~

STREET ADDRESS ~~22 WINDSOR ISLE DRIVE~~

CITY-ST-ZIP ~~LONGWOOD FL 32779~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition

NAME CANDACE T. MATTHEWS

STREET ADDRESS 120 INTERNATIONAL PKWY STE 120

CITY-ST-ZIP HEATHROW, FL 32746

TITLE D ☒ Change ☐ Addition

NAME CANDACE T. MATTHEWS

STREET ADDRESS 120 INTERNATIONAL PKWY STE 120

CITY-ST-ZIP HEATHROW, FL 32746

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Candace Matthews CANDACE T. MATTHEWS, PVST, D 1/1/03 407-304-4722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)