

*** AMENDED ***
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000089780**

1. Entity Name
FLO USA, INC



FILED

03 JUL 22 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 120 INTERNATIONAL PKWY Suite, Apt. #, etc. STE 120		3. Mailing Address 120 INTERNATIONAL PKWY Suite, Apt. #, etc. STE 120	
City & State HEATHROW, FLORIDA Zip 32746 Country SEMINOLE		City & State HEATHROW, FLORIDA Zip 32746 Country SEMINOLE	

DO NOT WRITE IN THIS SPACE

4. FEI Number **43-1970794** 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 **CANDACE T. MATTHEWS**
Street Address (P.O. Box Number is Not acceptable) **120 INTERNATIONAL PKWY, STE 220**
City **HEATHROW** FL **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 PVST, D** DATE **1/1/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST, D CANDACE T. MATTHEWS 120 INTERNATIONAL PKWY STE 220 HEATHROW, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400021783544 07/25/03--01019--009 **\$1.25
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	
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	
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

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 **Candace Matthews** **CANDACE T. MATTHEWS, PVST, D** DATE **1/1/03** DAYTIME PHONE # **407-304-4722**