## 2003 FOR PROFIT CORPORATION INICORM RUSINESS DEPORT (URD)

UN	003 FOR PRO	IESS REPOR	RATION T (UBR)	FILED Jul 17, 2003 8:00 am	l	
DOCU	MENT # <b>P020</b>	000113924		Secretary of State		
1. Entity Nam FLANAGA	N MARKETING, INC.	0/		07-17-2003 90035 002 ***150.00		
Principal Place of Business 369 SOUTH LAKE DRIVE PALM BEACH FL 33480		Mailing Address 369 SOUTH LAKE DRIVE PALM BEACH FL 33480				
2. Principal F	Place of Business	3. Mailing Address			111	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State		4. FEI Number Applied Fo Not Applied Fo		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional		
<del></del>	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent		
=:			Name			
	n, Joseph P Th Lake Drive		Street Addres	ss (P.O. Box Number is Not Acceptable)		
	ACH FL 33480			· · ·		
TALIT DE	101112 00100		City	<b>E</b> Zip Code		
D The Salasia		A face Alexander of the analysis is the		<u></u>		
	named entity submits this statement ions of registered agent.	it for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acce	ept	
SIGNATUŘE,						
SIGNATORE,	Signature, typed or printed name of registered ac	ent and title if applicable. (NO)	E: Registered Agent signature requ	aired when reinstating) DATE		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$7 c Payable to Florida Departmen			9. Election Campaign Financing \$5.00 May E Trust Fund Contribution.		
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST CLANACAN JOSEPH	☐ Delete	TITLE	☐ Change ☐ Add	ition	
NAME & STREET ADDRESS	FLANAGAN, JOSEPH 369 SOUTH LAKE DRIVE		NAME Street Address			
CITY-ST-ZIP	PALM BEACH FL 33480	,	CITY-ST-ZIP		I	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addi	ition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	<u></u>	CITY-ST-ZIP			
title Name		☐ Delete	TITLE NAME	Change Addi	ition	
STREET ADORESS	مرائع المصححات فيتم		STREET ADDRESS			
CITY-ST-ZIP		,	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addi	ition	
name Street address			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE	☐ Change ☐ Addi	ition	
NAME			NAME			
Street address City-St-Zip			STREET ADDRESS CITY-ST-ZIP			
TITLE		□ Delete	TITLE	☐ Change ☐ Addi	ition	
NAME			NAME CERTEX ADDRESS	_ · <u>-</u>		
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP			
	ertify that the information supplied v	vith this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the informatio	n	
indicated of the cor.	on this report or supplemental report	t is true and accurate and that report	my signature shall have th as required by Chanter 6	ne same legal effect as if made under oath; that I am an officer or directo 607, Florida Statutes; and that my name appears in Block 10 or Block 11	or .	

**SIGNATURE:**