

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90058 008 ***158.75

DOCUMENT # P02000128157

1. Entity Name
FLIZUR, INC.



Principal Place of Business
2731 NORTHEAST 14TH STREET CAUSEWAY
UNIT 514
POMPANO BEACH FL 33062

Mailing Address
2731 NORTHEAST 14TH STREET CAUSEWAY
UNIT 514
POMPANO BEACH FL 33062

90019143



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 11471 W. Sample Rd.		3. Mailing Address	
Suite, Apt. #, etc. #22		Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State	
Zip 33065	Country U.S.A.	Zip	Country
4. FEI Number 06-1664607		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75		Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'BERRY, JAMES E 2731 NORTHEAST 14TH STREET CAUSEWAY UNIT 514 POMPANO BEACH FL 33062		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BERRY, JAMES E 2731 NORTHEAST 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 <input checked="" 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 O'BERRY, CINDY 2731 NORTHEAST 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 power like empowered.

SIGNATURE: James E. O'Berry **James E. O'BERRY** 2-4-03 954-829-1720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)