

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90292 025 ***160.00

DOCUMENT #

1. Entry Name

P9200000 2272
FLAGSHIP OIL SERVICE

DO NOT WRITE IN THIS SPACE

656776

2. Principal Place of Business 2137 WESTOVER RESERVE Suff. Adm. # etc. 13440 WINDERMERE City & State FLORIDA Zip 34786 Country ORANGE		3. Mailing Address SAME Suff. Adm. # etc. City & State Zip Country		4. FEI Number 59-3147217	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				DO NOT WRITE IN THIS SPACE	

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7. Name and Address of Current Registered Agent

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

SIGNATURE

Signature typed (printed name of register agent and not applicable)

(NOTE: Registered Agent Signature required when changing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	RAYMOND PANNONE 2137 WESTOVER RESERVE 13440
TITLE NAME STREET ADDRESS CITY, ST, ZIP	WINDERMERE, FLORIDA 34786
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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)(f), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Signature Filed