

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90088 020 ***150.00

0491335 AV

DOCUMENT # P93000032128

1. Entity Name
FLASH DATA, INC.



Principal Place of Business
**2727 ULMERTON RD
STE 2A
CLEARWATER FL 34622-3367
US**

Mailing Address
**2727 ULMERTON RD
STE 2A
CLEARWATER FL 34622-3367
US**

2. Principal Place of Business
**8401 9th St N
Suite, Apt. #, etc.
#260**

3. Mailing Address
**8401 9th St N
Suite, Apt. #, etc.
#260**

City & State
St. Petersburg FL
Zip
33702
Country
US

City & State
St. Petersburg FL
Zip
33702
Country
US

4. FEI Number **65-0413926**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANDREW, OPARA
2727 ULMERTON STE 2A
CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name **ANDREW OPARA**

Street Address (P.O. Box Number is Not Acceptable)
8401 9th St N #260

City **St Petersburg** FL Zip Code **33702**

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 DATE **4-9-03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input type="checkbox"/> Delete
NAME	OPARA, ANDREW	
STREET ADDRESS	2727 ULMERTON RD STE 2A	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	OPARA, AMY S	
STREET ADDRESS	2727 ULMERTON RD STE 2A	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8401 9th St N #260	
CITY-ST-ZIP	St Petersburg FL 33702	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8401 9th St N #260	
CITY-ST-ZIP	St Petersburg FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

Daytime Phone #

CR2E034 (10/02)