2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am DOCUMENT # P93000052508 **Secretary of State** 1. Entity Name FLYNN'S CREATIVE SOLUTIONS, INC. 03-04-2000 90024 007 \*\*\*150.00 Mailing Address Principal Place of Business 609 SEVILLE COURT SEVILLE COURT SATELLITE BEACH FL 32937-3914 ---:: BEACH FL 32937 C0030894 3. Mailing Address 451Aruba 2. Principal Place of Business 451 Aruba Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3200438 Beac Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Breva<u>rc</u> Fee Required evay 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLYNN, RICHARD P Box Number is Not Ac Aruba ( 609 SEVILLE COURT SATELLITE BEACH FL 32937 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11.5 Change ☐ Addition TITLE Delete TITLE FLYNN, RICHARD P NAME 609 SEVILLE COURT STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE FLYNN, INGEBORG M NAME NAME 609 SEVILLE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: