

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90219 027 \*\*\*150.00

0126: 23 AV

DOCUMENT # P93000052508

1. Entity Name

FLYNN'S CREATIVE SOLUTIONS, INC.



Principal Place of Business

451 ARUBA COURT  
SATELLITE BEACH FL 32937

Mailing Address

451 ARUBA COURT  
SATELLITE BEACH FL 32937

2. Principal Place of Business

609 Seville Court

3. Mailing Address

PO Box 373095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach FL

City & State

Satellite Beach FL

Zip

32937

Country

Brevard

Zip

32937

Country

Brevard

4. FEI Number

59-3200438

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

FLYNN, RICHARD P

451 ARUBA COURT

SATELLITE BEACH FL 32937

Name

Flynn, Richard P

Street Address (P.O. Box Number is Not Acceptable)

609 Seville Court

City

Satellite Beach

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Richard P. Flynn

Richard P. Flynn

4/12/2003

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**  
**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	P	<input type="checkbox"/> Delete
NAME	FLYNN, RICHARD P	
STREET ADDRESS	451 ARUBA COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FLYNN, INGEBORG M	
STREET ADDRESS	454 ARUBA COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flynn, Richard P	
STREET ADDRESS	609 Seville Court	
CITY-ST-ZIP	Satellite Beach FL 32937	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flynn, Ingeborg M	
STREET ADDRESS	609 Seville Court	
CITY-ST-ZIP	Satellite Beach FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2003 321 777-1682

Day

Daytime Phone #

CR2E034 (10/02)