

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90376 004 ***150.00

DOCUMENT # P93000062988

1. Entity Name

PERSON TO PERSON, INC.

Principal Place of Business

1101 NW 116TH AVE
PLANTATION FL 33323

Mailing Address

1101 NW 116TH AVE
PLANTATION FL 33323

2. Principal Place of Business

10067 Cleary Blvd.
Suite, Apt. #, etc.

3. Mailing Address

10607 N.W. 6 COURT
Suite, Apt. #, etc.

City & State

Plantation FLORIDA

City & State

Plantation

Zip

Country

33324

Broward

Zip

33324

Country

Broward

4. FEI Number

65-0435543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLYNN, MARGARET K
1101 NW 116TH AVE
PLANTATION FL 33323

7. Name and Address of New 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

Margaret K. Flynn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FLYNN, MARGARET K	
STREET ADDRESS	1101 NW 116TH AVE	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLYNN, CHARLES	
STREET ADDRESS	1101 NW 116TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'CONNELL, FRANCES K	
STREET ADDRESS	1101 NW 116TH AVE	
CITY-ST-ZIP	PLANTATION FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10607 N.W. 6 COURT
STREET ADDRESS	Plantation, FL. 33324
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10607 N.W. 6 COURT
STREET ADDRESS	Plantation, FL. 33324
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Margaret K. Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-01 954 424-7191

CR2E034 (10/00)