

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062988

Entity Name

PERSON TO PERSON, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90077 014 ***150.00

Principal Place of Business

10067 CLEARY BLVD
PLANTATION FL 33324

Mailing Address

10607 NW 6TH CT
PLANTATION FL 33324

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10067 CLEARY BLVD.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33324

Country

BROWARD

4. FEI Number

65-0435543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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)

10607 N.W. 6th CT.

City

PLANTATION, FL

FL

Zip Code

33324

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

1-14-02

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, 2002 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	10607 NW 6TH CT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLYNN, CHARLES	
STREET ADDRESS	10607 NW 6TH CT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	O'CONNELL, FRANCES K	
STREET ADDRESS	10607 NW 6TH CT	
CITY-ST-ZIP	PLANTATION FL 33324	
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 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	
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

1-14-02 954-424-7191

Date

Daytime Phone #

CR2E034 (9/01)

0334187 AV