

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

0010305 AV

**DOCUMENT # P93000081939**

1. Entity Name  
**FLAGLER FOREST PRODUCTS, INCORPORATED**

04-29-2002 90153 035 \*\*\*150.00

Principal Place of Business  
**99 FLAGLER REGIONAL PLAZA**  
**FLAGLER BEACH FL 32136**  
**US**

Mailing Address  
**P.O. BOX 518**  
**BUNNELL FL 32110**



2. Principal Place of Business  
*99 Flagler Regional Plaza*

Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Palm Coast FL**

Zip  
**32137**

Country  
**USA**

City & State

Zip

Country

4. FEI Number **59-3211947**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CREWS, C. SCOTT**  
**99 FLAGLER REGIONAL PLAZA**  
**FLAGLER BEACH FL 32136**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CREWS, C. SCOTT</b>	
STREET ADDRESS	<b>5503 JOHN ANDERSON HWY</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL 32136</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CREWS, MATTHEW</b>	
STREET ADDRESS	<b>79 ERIC DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CREWS, JOSHUA</b>	
STREET ADDRESS	<b>2042 S. OCEANSHORE BLVD</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL 32136</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V/S</b>	
STREET ADDRESS	<b>Rt 220, Joseph</b>	
CITY-ST-ZIP	<b>56 Ethel Allen Lane Palm Coast, FL 32135</b>	
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02** **386-439-5010**  
 Date Daytime Phone #

CR2E034 (9/01)