

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90107 010 ***150.00

DOCUMENT # P94000068741

1. Entity Name
CANFLOR MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~2296 W AIRPORT BLVD~~
~~SANFORD FL 32771~~
 US

~~1109 DIPLOMAT DRIVE~~
~~J103~~
~~DEBARY FL 32713~~
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 5667
 Suite, Apt. #, etc.

P.O. Box 5667
 Suite, Apt. #, etc.

City & State
Deltona FL

City & State
Deltona FL

4. FEI Number **59-3269083**

Applied For
☐ **Not Applicable**

Zip *32728* **Country** *USA*

Zip *32728* **Country** *USA*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMSTRONG, DENNIS
~~1109 DIPLOMAT DRIVE J103~~
~~DEBARY FL 32713~~

Name *Dennis Armstrong*
Street Address (P.O. Box Number is Not Acceptable)
376 Providence Blvd
City *Deltona* **FL** **Zip Code** *32725*

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: *Dennis Armstrong*

4-29-2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *D* ☐ **Delete**
NAME *ARMSTRONG, DENNIS*
STREET ADDRESS *2296 W AIRPORT BLVD*
CITY-ST-ZIP *WINTER PARK FL 32771*

TITLE *President/Director* ☒ **Change** ☐ **Addition**
NAME *P.O. Box 5667*
STREET ADDRESS *Deltona, FL 32725*
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: *Dennis Armstrong*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2002 386 668 0855
 Date Daytime Phone #

CR2E034 (9/01)