

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90101 014 ***150.00

0814127

DOCUMENT # P94000073609

1. Entity Name
FUNK-N-FLYNN, INC.

Principal Place of Business
**3936 S. SERMORAN BLVD. #127
ORLANDO FL 32822**

Mailing Address
**3936 S. SERMORAN BLVD. #127
ORLANDO FL 32822**

C0007237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3283353		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLYNN, SUSAN M 4755 S HAMPTON DRIVE ORLANDO FL 32812-5940		Name FLYNN, SUSAN M Street Address (P.O. Box Number is Not Acceptable) 2511 BAYFRONT PARKWAY City ORLANDO FL Zip Code 32806	

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 _____ (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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD FLYNN, WARREN F 4755 S HAMPTON DRIVE ORLANDO FL 32812-5940 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD FLYNN, WARREN F 2511 BAYFRONT PARKWAY ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM FLYNN, WARREN 4755 S HAMPTON DRIVE ORLANDO FL 32812-5940 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM FLYNN, WARREN F 2511 BAYFRONT PARKWAY ORLANDO, FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ware F. F. **1-10-01 407 812 1848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)