FILED

Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90076 012 ***150.00

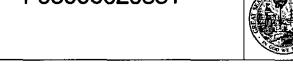
UNIFORM BUSINESS REPORT (UBR) DOCUMENT #

P95000020831

2003 FOR PROFIT CORPORATION

1. Entity Name

EIGHT FLAGS, INC.



Principal Place of Business 1823 AMELIA AVENUE FERNANDINA BEACH FL 32034 Mailing Address 1823 AMELIA AVENUE FERNANDINA BEACH FL 32034

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



☐ CHECK HERE IF MAKING CHANGES

59-3320278

Zip Country Zip	Country 58.75 Additional Fee Required
6. Name and Address of Current Registered Ag	nt 7. Name and Address of New Registered Agent
	Name
BENNETT, CECIL A JR. 1823 AMELIA AVENUE	Street Address (P.O. Box Number is Not Acceptable)
FERNANDINA BEACH FL 32034	
A Property of the Control of the Con	City 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. I am familiar with, and accept the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, CECIL A JR. 1823 AMELIA AVENUE FERNANDINA BEACH FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bennett, Mary L 1823 Amelia Avenue Fernandina Beach FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second of th	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
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TITLE		☐ Delete	TITLE		☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP