

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062135

1. Entity Name

FLOMAN, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90074 023 \*\*\*150.00

Principal Place of Business

17565 ISLAND INLET CT.  
FORT MYERS FL 33908  
US

NEW  
ADDRESS  
BELOW

Mailing Address

17656 ISLAND INLET CT.  
FORT MYERS FL 33908-6197  
US

2. Principal Place of Business

8116 MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

8116 main St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOKEELIA, FLORIDA

City & State

Bokeelia, FL

4. FEI Number

59-3331374

Applied For

Not Applicable

Zip

33922

Country

U.S.

Zip

33922

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, JANET M  
17656 ISLAND INLET CT.  
FORT MYERS FL 33908

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

*Janet Walters*

Janet Walters  
Vice-pres.

1/19/00

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS WALTERS, DALE E  
CITY-ST-ZIP 17656 ISLAND INLET CT 8116 main St.  
FORT MYERS FL Bokeelia, FL 33922

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALTERS, JANET M  
CITY-ST-ZIP 17656 ISLAND INLET CT 8116 main St.  
FORT MYERS FL Bokeelia, FL 33922

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Janet Walters*  
Vice-pres.

1/19/00 941-282-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)