

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90020 031 ***150.00

DOCUMENT # P95000062958

1. Entity Name
FLYING DUTCHMAN, INC.

Principal Place of Business

**611 20TH STREET S.E.
 NAPLES FL 34117
 US**

Mailing Address

**611 20TH STREET S.E.
 NAPLES FL 34117
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 LAUREL OAK DR.

3. Mailing Address

801 LAUREL OAK DRIVE

Suite, Apt. #, etc.

#615

Suite, Apt. #, etc.

#615

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0748276

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMATO, LOUIS X
 801 LAUREL OAK DR
 SUITE 615
 NAPLES FL 34108**

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

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

TITLE **R** ☐ Delete
 NAME **MORRIS, JON**
 STREET ADDRESS **611 20TH STREET S.E.**
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VP** ☐ Delete
 NAME **BROUSSEAU, TED**
 STREET ADDRESS **COLLIER COUNTY COURTHOUSE**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **S** ☐ Delete
 NAME **AMATO, LOUIS X**
 STREET ADDRESS **801 LAUREL OAK DR**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **LOUIS X. AMATO**
 STREET ADDRESS **801 LAUREL OAK DRIVE #615**
 CITY-ST-ZIP **NAPLES FL 34108**

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

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

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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: **LOUIS X. AMATO PRES** **4/24/02** **239 596 6500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)