2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087248

1. Entity Name

FLANGEMAN MARKETING, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90130 037 ***150.00

0468247

C0007460

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1223 DEERWOOD DRIVE DESTIN FL 32541	1223 DEERWOOD DRIVE DESTIN FL 32541

2. Principal Place of Business	3. Mailing Address P.O. Box 6302
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Destin, FL
Zip 32550 / Country	Zip 32550 / Country

4. FEI Number 59-3346850 ☐ Applied For ☐ Not Applicable

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
OWEN, DAVID A ~~743 HWY 98, EAST, SUITE 5~~ ~~DESTIN FL 32541~~	Name DAVID A. OWEN Street Address (P.O. Box Number is Not Acceptable) 1221 Airport Rd., #208 City Destin, FL Zip Code 32541

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] 1/11/01
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, 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHROEDER, FRANK S 1223 DEERWOOD DRIVE DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] Frank S. Schroeder 1/12/01 (850)267-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #