


2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90280 022 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT #</b> P96000003231                           |  |
| 1. Entity Name<br><b>FLAGLER TECHNICAL SERVICES INC.</b> |   |

**DO NOT WRITE IN THIS SPACE**

|  |                      |  |                      |
|--|----------------------|--|----------------------|
| 2. Principal Place of Business<br><b>136 BULLDOG DRIVE</b> |                      | 3. Mailing Address<br><b>136 BULLDOG DRIVE</b> |                      |
| Suite, Apt. #, etc.  |                      | Suite, Apt. #, etc.                            |                      |
| City & State<br><b>BUNELL FL</b>                           |                      | City & State<br><b>BUNELL FL</b>               |                      |
| Zip<br><b>32110</b>  | Country<br><b>US</b> | Zip<br><b>32110</b>                            | Country<br><b>US</b> |

**11032429**

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|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>59-3352993</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |  |

|                                   |  |                          |
|-----------------------------------|--|--------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | 7. Name and Address of Current Registered Agent                                |                          |
|                                   | Name<br><b>COLE, GLEN</b>  |                          |
|                                   | Street Address (P.O. Box number is Not Acceptable)<br><b>136 BULLDOG DRIVE</b> |                          |
|                                   | City<br><b>BUNELL</b>  | State<br><b>FL</b>       |
|                                   |  | Zip Code<br><b>32110</b> |

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>COLE, GLEN<br>136 BULLDOG DRIVE<br>BUNELL FL 32110  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>COLE, KEVIN<br>136 BULLDOG DRIVE<br>BUNELL FL 32110 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Glen S Cole* 426 03 423-533-2894

CR2ED34B (12/02)