

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90088 011 \*\*\*150.00

843040



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000005864**

Entity Name  
**FLIP IT CORPORATION, INC.**

Principal Place of Business Mailing Address  
**MANASSAS CT. W. P.O. BOX 11454**  
**JACKSONVILLE FL 32277 JACKSONVILLE FL 32239-1454**

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

4. FEI Number **59-3388274** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SESONA, A**  
**7731 MANASSAS CT, W**  
**JAX FL 32777**

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HILTBUNNER, D A</b>		NAME		
STREET ADDRESS	<b>250 WATSON RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST AUGUS TI 32086</b>		CITY-ST-ZIP		
TITLE	<b>DV</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>AVERY, H</b>		NAME		
STREET ADDRESS	<b>2506 ST MICHEL CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL 32082</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BLANCO, ERNESTO</b>		NAME		
STREET ADDRESS	<b>36 SANDRICK ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BELMONT MA 02176</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LUTZ, AL</b>		NAME		
STREET ADDRESS	<b>4815 IROQUOIS AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SERVIDORI, P</b>		NAME		
STREET ADDRESS	<b>235A COMMONWEALTH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEWTON MA 02167</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HARTMAN, SHIRLEY</b>		NAME		
STREET ADDRESS	<b>4968 MEGANWOOD LN.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>		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)(j), 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: **4-27-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)