

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90005 044 ***150.00

0457879

DOCUMENT # P96000005864

1. Entity Name

FLIP IT CORPORATION, INC.

Principal Place of Business

7731 MANASSAS CT. W.
JACKSONVILLE FL 32277
US

Mailing Address

P.O. BOX 11454
JACKSONVILLE FL 32239

2. Principal Place of Business

140 NORTH ONE DRIVE

3. Mailing Address

140 NORTH ONE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

SUITE B

City & State

City & State

ST AUGUSTINE FL

ST AUGUSTINE FL

Zip

32095

Country

ST AUGUSTINE

Zip

32095

Country

ST AUGUSTINE



DO NOT WRITE IN THIS SPACE

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, 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

TITLE S ☐ Delete
NAME HILTBRUNNER, D A
STREET ADDRESS 250 WATSON RD
CITY-ST-ZIP ST AUGUS TI 32086

TITLE DV ☐ Delete
NAME AVERY, H
STREET ADDRESS 2506 ST MICHEL CT
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE D ☐ Delete
NAME BLANCO, ERNESTO
STREET ADDRESS 36 SANDRICK ROAD
CITY-ST-ZIP BELMONT MA 02176

TITLE D ☐ Delete
NAME LUTZ, AL
STREET ADDRESS 4815 IROQUOIS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Delete
NAME SERVIDORI, P
STREET ADDRESS 235A COMMONWEALTH AVE
CITY-ST-ZIP NEWTON MA 02167

TITLE D ☐ Delete
NAME HARTMAN, SHIRLEY
STREET ADDRESS 4968 MEGANWOOD LN.
CITY-ST-ZIP JACKSONVILLE FL 32257

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:

D. Hiltbrunner D. HILTBRUNNER, JEN

4-11-01

904 826 4150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)