

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

08-15-2002 90049 015 \*\*\*550.00

**DOCUMENT # P96000005864**

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

Principal Place of Business

**140 NORTH ONE DRIVE  
 STE B  
 SAINT AUGUSTINE FL 32095  
 US**

Mailing Address

**140 NORTH ONE DRIVE  
 STE B  
 SAINT AUGUSTINE FL 32095  
 US**

2. 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

DO NOT WRITE IN THIS SPACE

## 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 **James E. Casteel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8570 Phillips Hwy Suite 115**  
 City **Jacksonville** **FL** Zip Code **32256**

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 *James E. Casteel*  
 Signature, typed or printed name of registered agent and title if applicable.

**James E. Casteel**

(NOTE: Registered Agent signature required when reinstating)

DATE

*Aug 14, 2002*

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>S HILTBRUNNER, D A 250 WATSON RD ST AUGUS TI 32086</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV AVERY, H 2506 ST MICHEL CT PONTE VEDRA BCH FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLANCO, ERNESTO 36 SANDRICK ROAD BELMONT MA 02176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUTZ, AL 4815 IROQUOIS AVE. JACKSONVILLE FL 32210</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SERVIDORI, P 235A COMMONWEALTH AVE NEWTON MA 02167</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARTMAN, SHIRLEY 4968 MEGANWOOD LN. JACKSONVILLE FL 32257</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Casteel, J E 5734 Manning Cemetery Rd. Jacksonville, FL 32234</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P Kanter, Steve 1774 County Line Road Barto, PA 19504</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Moncada, Gaylord 11633 Orange Blossom Ln. Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D He, Yun-Ju 5217 NW 23<sup>rd</sup> Pl. Gainesville, FL 32606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*James E. Casteel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Aug 14, 2002* *904-826-4050*  
 Date Daytime Phone #

CR2E034 (4/02)