2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 27, 2002 8:00 am P96000023319 DOCUMENT # Secretary of State 1. Entity Name 03-27-2002 90085 010 ***150.00 F & L INVESTMENTS, INC. Principal Place of Business Mailing Address 6617 GLENCOE DR. 6617 GLENCOE DR. TEMPLE TERRACE FL 33617 **TEMPLE TERRACE FL 33617** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3366888 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALENTI, DANIA Street Address (P.O. Box Number is Not Acceptable) 6617 GLENCOE DR. TAMPA FL 33617 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE TITLE Royal Greens Dr. JACKSON, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS 8817-GLENGOE DR. TEMPLE TERRACE FL 33617 CITY-ST-ZIP CITY-ST-ZIP Change Addition **VP** ☐ Delete TITLE NAME NAME GARCIA, FRANK J 6610 HEATHERTON CT. STREET ADDRESS 3017 GLENCOE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE-TERRACE FL 33617 Change ☐ Addition ☐ Delete TITLE TITLE 1005 Taray De Avila NAME NAME PINIELLA, ANITA STREET ADDRESS STREET ADDRESS 6817 GLENCOE DR. CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL **Change** Addition ☐ Delete TITLE TITI F NAME NAME VALENTI, DANIA 6617 Glencoe Dr. STREET ADDRESS STREET ADDRESS 711 W HILDA TAMPA FL CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Treasurer 3/11

FILED