FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 24, 2002 8:00 am § Secretary of State P96000075323 DOCUMENT # 1. Entity Name 04-24-2002 90330 049 \*\*\*150 00 FLARE PROFESSIONALS, INC. Principal Place of Business Mailing Address %GEORGE J BECK/ %GEORGE J BECK 5400 PARK ST-N (PH-9) 5400 PARK ST N (PH-9) ST PETERSBURG FL 33709 ST PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address 427 SHORT PINE CIRCLE 427 SHORT PINE CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE c/o BECK c/o BECK City & State Applied For City & State 4. FEI Number 59-3406859 ORLANDO, Not Applicable ORLANDO, Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 32807 <u> 32807</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEORGE JJBECK BECK, GEORGE J Street Address (P.O. Box Number is Not Acceptable) 427 SHORT PINE CIRCLE 5400 PARK ST\_N-(PH-9) ST PETERSBURG FL 33709 City Zip Code 32807 ORLANDO 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 4/15/02 SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) ame of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE D Change ☐ Addition TITLE Delete BECK. GEORGE NAME NAME BECK, GEORGE J STREET ADDRESS 5400 PARK-ST N (PH-9) STREET ADDRESS 427 SHORT PINE CIRCLE ST\_PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIF ORLANDO, FL 32807 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 fignature 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 frustee 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.

4/15/02

(407) 381 7891

Daytime Phone #