2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000090087

Entity Name: FLANAGAN REALTY & PROPERTY MANAGEMENT, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3939 SOUTH CONGRESS AVENUE 4118 NW 69TH STREET

SUITE 105 (TEMP. ADDRESS - HAVING HOUSE BUILT) LAKE WORTH, FL 33461

GAINESVILLE, FL 32606

New Mailing Address: **Current Mailing Address:**

4118 NW 69TH STREET 3939 SOUTH CONGRESS AVENUE

(TEMP. ADDRESS - HAVING HOUSE BUILT) SUITE 105

LAKE WORTH, FL 33461 GAINESVILLE, FL 32606

FEI Number: 65-0722406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLANAGAN, THERESE FLANAGAN, THERESE A PRES 3939 SOUTH CONGRESS AVENUE 4118 NW 69TH STREET

(TEMP. ADDRESS - HAVING HOUSE BUILT) SUITE 105

LAKE WORTH, FL 33461 GAINESVILLE, FL 32606

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: THERESE FLANAGAN 04/30/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: DPVT

FLANAGAN, THERESE FLANAGAN, THERESE Name: Name: 3939 S CONGRESS AVE, STE 105 4118 NW 69TH STREET Address: Address: City-St-Zip: LAKE WORTH, FL City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESE FLANAGAN **DPVT** 04/30/2002