

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100719

1. Entity Name
FLOWMATIC PRODUCTS, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90050 043 ***150.00

Principal Place of Business
451 CENTRAL PARK DRIVE
LARGO FL 33771

Mailing Address
451 CENTRAL PARK DRIVE
LARGO FL 33771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11611 SW 147TH CT.
Suite, Apt. #, etc.
DUNNELLON, FL

3. Mailing Address
11611 SW 147TH CT.
Suite, Apt. #, etc.
DUNNELLON, FL

City & State
DUNNELLON, FL

City & State
DUNNELLON, FL

4. FEI Number 59-3421394

Applied For
Not Applicable

Zip
34432

Country
USA

Zip
34432

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELACE, WILLIAM K ESQ
2310 WEST BAY DRIVE
LARGO FL 33770

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
BRANE, SCOTT
451 CENTRAL PARK DRIVE
LARGO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

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CITY-ST-ZIP
Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/01
Date

Daytime Phone #

CR2E034 (10/00)