

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90359 001 ***300.00

DOCUMENT # P97000000880



1. Entity Name
FLEX ENTERPRISES, INC.

Principal Place of Business
**P.O. BOX 4339
TEQUESTA FL 33469
US**

Mailing Address
**P.O. BOX 4339
TEQUESTA FL 33469
US**



2. Principal Place of Business

2046 N. BAYSHORE DR
Suite, Apt. #, etc.

3. Mailing Address

2046 N. BAYSHORE DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **34-1232998**

Applied For
☐ Not Applicable

Zip Country
33137 USA

Zip Country
33137 USA

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

6. Name and Address of Current Registered Agent

**JOHNSON, CHARLES H.
201 S. BISCAYNE BLVD.
MIAMI CENTER, 10TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FLECK, CHARLES R.**
STREET ADDRESS **204 E. RIVERSIDE DRIVE/P.O. BOX 4339**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **DST** ☐ Delete
NAME **STEWART, BARBARA**
STREET ADDRESS **130 E. RIVERSIDE DRIVE/P.O. BOX 4339**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **FLECK, CHARLES R.**
STREET ADDRESS **2046 N. BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **DST** ☒ Change ☐ Addition
NAME **STEWART, BARBARA**
STREET ADDRESS **2046 N. BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)