

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90179 048 ***150.00

0475894 AV

DOCUMENT # P97000107532

1. Entity Name

FLANNERY MARKETING, INC.



Principal Place of Business
**660 ATWOOD AVENUE, NORTH
ST. PETERSBURG FL 33702-6712**

Mailing Address
**660 ATWOOD AVENUE, NORTH
ST. PETERSBURG FL 33702-6712**



2. Principal Place of Business

12306 Everard Dr.

3. Mailing Address

12306 Everard Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number **59-3482349**

Applied For

Not Applicable

Zip

34609

Country

Hernando

Zip

34609

Country

Hernando

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

6. Name and Address of Current Registered Agent

**FLANNERY, PATRICK
660 ATWOOD AVENUE, NORTH
ST. PETERSBURG FL 33702-6712**

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 **PD** ☐ Delete
NAME **FLANNERY, PATRICK**
STREET ADDRESS **660 ATWOOD AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33702-6712**

TITLE **S** ☐ Delete
NAME **FLANNERY, DEBRA TRUAX**
STREET ADDRESS **660 ATWOOD AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

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 ☒ Change ☐ Addition
NAME **12306 Everard Dr.** address
STREET ADDRESS **Spring Hill, FL 34609** only!

TITLE ☒ Change ☐ Addition
NAME **12306 Everard Dr.** address
STREET ADDRESS **Spring Hill, FL 34609** only!

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

RE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03 352-683-5960

CR2E034 (10/02)