

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**  
 04-20-2001 90016 016 \*\*\*150.00

**DOCUMENT # P98000002563**

1. Entity Name  
**FLS PARTNERS, INC.**

Principal Place of Business <b>1515 E SILVER SPRINGS BLVD                  STE 200                  OCALA FL 34470</b>	Mailing Address <b>1515 E SILVER SPRINGS BLVD                  STE 200                  OCALA FL 34470</b>
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**744583**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>1111 NE 25th Ave                  # 201</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>	
Zip <b>34470</b>	Country	Zip <b>34470</b>	Country

4. FEI Number <b>59-3490581</b>	Applied For <input type="checkbox"/> Not Applicable
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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**

**KLEIN, H. RANDOLPH  
 333 NW 3 AVENUE  
 OCALA FL 34475**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

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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:** *P Wayne Dill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-01**

Date Daytime Phone #

CR2E034 (10/00)