

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013711

1. Entity Name

FLAMINGO ROSE, INC.

Principal Place of Business

Mailing Address

~~2 FAIRWINDS CIRCLE~~
ORMOND BEACH FL 32176

~~2 FAIRWINDS CIRCLE~~
ORMOND BEACH FL 32176-2195

2. Principal Place of Business

188 E. GRANADA BLVD

3. Mailing Address

188 E. GRANADA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH, FL.

Zip

32176

Country

VOLUSIA

Zip

32176

Country

VOLUSIA

6. Name and Address of Current Registered Agent

HARRIS, SHEILA D

~~2 FAIRWINDS CIRCLE~~
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

104 ADDISON DR.

City

ORMOND BEACH

FL

Zip Code

32174

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, SHEILA D	
STREET ADDRESS	2 FAIRWINDS CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, HARRY L	
STREET ADDRESS	2 FAIRWINDS CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	104 ADDISON DR.
CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	104 ADDISON DR.
CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SHEILA D. HARRIS

4-27-00 (904)

Date

Daytime Phone

677-4201

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90241 049 ***150.00



DO NOT WRITE IN THIS SPACE