

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013711

1. Entity Name

FLAMINGO ROSE, INC.

Principal Place of Business

2 FAIRWINDS CIRCLE
ORMOND BEACH FL 32176

Mailing Address

2 FAIRWINDS CIRCLE
ORMOND BEACH FL 32176-2195

2. Principal Place of Business

188 E. GRANADA BLVD

Suite, Apt. #, etc.

3. Mailing Address

188 E. GRANADA BLVD

Suite, Apt. #, etc.

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

05-15-2000 90241 049 ***150.00



DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

4. FEI Number

59-3506405

Applied For

Not Applicable

Zip

32176

Country

VOLUSIA

Zip

32176

Country

VOLUSIA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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

Date

Daytime Phone #
677-4201