

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047672

1. Entity Name

FLAGLER FOLIAGE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90039 030 ***150.00

Principal Place of Business

Mailing Address

5505 JOHN ANDERSON HWY
 FLAGLER BEACH FL 32136

P.O. BOX 1126
 FLAGLER BEACH FL 32136-1126

2. Principal Place of Business

3. Mailing Address

5505 John And. Hwy.

PO Box 1126

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Flagler Beach, FL

City & State
 Flagler Beach FL

4. FEI Number 59-3513944

Applied For
 Not Applicable

Zip
 32136

Country
 Flagler USA

Zip
 32136

Country
 U.S.A

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

SHUMATE, PEGGY
 5505 JOHN ANDERSON HWY
 FLAGLER BEACH FL 32136

Name
 NA
 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.

SIGNATURE Peggy W Shumate Peggy Shumate 4-25-00
Signature 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	PD	<input type="checkbox"/> Delete
NAME	SHUMATE, JOHN R	
STREET ADDRESS	5505 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHUMATE, PEGGY	
STREET ADDRESS	5505 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHARPE, LISA	
STREET ADDRESS	1209 S. CENTRAL AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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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: John R Shumate **JURED** 4-25-00 904-439-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 9/99