

CC UNIFORM BUSINESS REPORT (UBR)

4/22

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90128 003 ***150.00

DOCUMENT # P98000051706

Name

FLAS LAND MANAGEMENT CORP.

Place of Business HUNTINGTON PL SAFETY HARBOR FL 34695	Mailing Address 1612 HUNTINGTON PL SAFETY HARBOR FL 34695-5233
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Principal Place of Business 2 Buttonwood Lane Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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4. State FL	City & State
Country USA	Zip 34695

4. FEI Number 59-3514230	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**PFRENGLE, KENNETH**
1612 HUNTINGTON PL
SAFETY HARBOR FL 34695**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

I, the named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Corporation is eligible to satisfy its intangible
tax requirements and elects to do so.
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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<input type="checkbox"/> Delete	D. PFRENGLE, KENNETH 1612 HUNTINGTON PL SAFETY HARBOR FL 34695
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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I 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
contained in 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
applicable, 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 #

CR2E034 (9/99)