# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 07, 2002 8:00 am**
**Secretary of State**
02-07-2002 90157 036 ***150.00

DOCUMENT # P98000053924

1. Entity Name
BONNIE FLECKNER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4263 SW 64TH AVE<br>DAVIE FL 33314 | P.O. BOX 290972<br>DAVIE FL 33329 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8632 Griffin rd. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Cooper City FL | City & State |
| Zip: 33328 Country: Broward | Zip Country |

4. FEI Number 65-0849400 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| FLECKNER, BONNIE<br>4263 SW 64 AVE<br>DAVIE FL 33314 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 8632 Griffin rd.<br>City: Cooper City **FL** Zip Code: 33328 |

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: Julie Wolf V.P. DATE: 1/22/02
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, 2002 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 | P<br>FLECKNER, BONNIE<br>9220 OAK GROVE CIRCLE<br>DAVIE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>WOLF, JULIE F<br>8740 SW 52 ST<br>COOPER CITY FL 33328 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WOLF, WILLIAM H III<br>8740 SW 52 ST<br>COOPER CITY FL 33328 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FLECKNER, DONALD<br>9220 OAK GROVE CIR<br>DAVIE FL 33328 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/01)

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:** Julie Wolf 1/22/01 954-680-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #