

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059656

1. Entity Name

THE FLIP FACTORY, INC.

Principal Place of Business

Mailing Address

2601 EAST OLIVE ROAD
PENSACOLA FL 32514

2601 EAST OLIVE ROAD
PENSACOLA FL 32514-6229

2. Principal Place of Business

3. Mailing Address

9245 N. Palafox St.
Suite, Apt. #, etc.

9245 N. Palafox St.
Suite, Apt. #, etc.

City & State

City & State

Pensacola FL

Pensacola, FL

Zip

Country

Zip

Country

32534

Escambia

32534

Escambia

4. FEI Number 23-8290598

Applied For

Not Applied

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

PERRY, BARRY S
11431 CLEAR CREEK DR
PENSACOLA FL 32514

Name

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

Barry Perry

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. ☐

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 0 ☐ Delete
NAME PERRY, BARRY SCOT
STREET ADDRESS 11431 CLEAR CREEK DR
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ *
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 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

Barry Perry

Date

Daytime Phone #

2-2-00 (850) 969-911

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90076 022 ***150.00

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DO NOT WRITE IN THIS SPACE