

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073057

1. Entity Name

FLAGLER HESS, INC.

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90008 004 \*\*\*550.00

Principal Place of Business

Mailing Address

4861 E HIGHWAY 100  
ST. ROUTE 43  
BUNNELL FL 32110

~~P.O. BOX 352017~~  
~~PALM COAST~~

2. Principal Place of Business

4861 E. Hwy 100

3. Mailing Address

4861 E. Hwy 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Flagler Beach Fl.

City & State

Flagler Beach Fl.

4. FEI Number

59-3529005

Applied For

Not Applicable

Zip

32136

Country

U.S.

Zip

32136

Country

US.

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

MARTINOLICH, DIANA  
F-CROSSWAY CT. E  
PALM COAST FL 32127

4861 E. HWY 100  
Flagler Beach Fl. 32136

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

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 ☐ Delete  
NAME P  
STREET ADDRESS MARTINOLICH, DIANA  
CITY-ST-ZIP 4861 E. Hwy 100  
7-CROSSWAY CT. E  
PALM COAST FL 32137 Flagler Beach Fl. 32136

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

Diana Martinolich  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/00 904-439-5089