

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90217 031 ***158.75

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DOCUMENT # P98000095953

1. Entity Name

FLPC ENTERPRISES INC.

Principal Place of Business

411 18TH ST. S.E.
WINTER HAVEN FL 33884

Mailing Address

P.O. BOX 1315
DUNDEE FL 33839

931970

2. Principal Place of Business

420 Durrell Ct. SE

3. Mailing Address

P.O. Box 1315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Dundee, FL

4. FEI Number

59-3542707

Applied For

Not Applicable

Zip

33884

Country

USA

Zip

33838-1315

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BYERS, DOTT A
411 18TH ST. S.E.
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

Charles R. Byers

Street Address (P.O. Box Number is Not Acceptable)

420 Durrell Ct SE

City

Winter Haven

FL

Zip Code

33884

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.

3/13/2001

SIGNATURE

Charles R. Byers Charles R. Byers, Vice-Pres (Note: Registered Agent signature required when reinstating) DOTT A. Byers, Pres.

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, 2001 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

TITLE D ☐ Delete
NAME BYERS, DOTT A
STREET ADDRESS P.O. BOX 1315
CITY-ST-ZIP DUNDEE FL 33838-1315

TITLE D ☐ Delete
NAME BYERS, CHARLES R
STREET ADDRESS P.O. BOX 1315
CITY-ST-ZIP DUNDEE FL 33838-1315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Charles R. Byers Charles R. Byers, Vice-Pres

3/13/2001

867-875-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)