

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000001483

1. Entity Name

FLAMEX, INC.

Principal Place of Business

LEXINGTON AVE.
JACKSONVILLE FL 32210

Mailing Address

4595 LEXINGTON AVE.
JACKSONVILLE FL 32210-2058

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CARKHUFF, TERRY
4595 LEXINGTON AVE.
JACKSONVILLE FL 32210

4. FEI Number
59-3648312

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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 use 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARKHUFF, TERRY	
STREET ADDRESS	4595 LEXINGTON AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, MARIE	
STREET ADDRESS	4595 LEXINGTON AVE	
CITY-ST-ZIP	JAX, FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Terry Carkhuff (TERRY CARKHUFF)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 904-387-6770

Date

Daytime Phone #

CFR2E034 (9/99)