

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90045 001 ***150.00

DOCUMENT # P99000019542

1. Entity Name

FLYING TURTLE ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

~~2010 CARDINAL DR.~~
VERO BCH FL 32963

2903 Cardinal Drive

~~2010 CARDINAL DR.~~

VERO BCH FL 32963-1916

2903 Cardinal Drive

9352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 356 7750

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

HUDSON, DOROTHY A

~~2010 CARDINAL DR.~~ 2903 Cardinal Drive
VERO BCH FL 32963

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

Abigail Walters, Abigail Walters President

2/16/00

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 D ☐ Delete
NAME WALTERS, ABIGAIL
STREET ADDRESS ~~2010 CARDINAL DR.~~ 2903 Cardinal Drive
CITY-ST-ZIP VERO BCH FL 32963

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

TITLE D ☐ Delete
NAME HUDSON, DOROTHY A
STREET ADDRESS ~~2010 CARDINAL DR.~~ 2903
CITY-ST-ZIP VERO BCH FL 32963

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Abigail Walters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abigail Walters, President, 2/16/00

Date

Daytime Phone #

CR2E034 (9/99)