

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037928

1. Entity Name

FLEXIBLE FINANCE CO.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90047 040 ***150.00

Principal Place of Business

Mailing Address

1437 US HIGHWAY 19 NORTH
HOLIDAY FL 34691

1437 US HIGHWAY 19 NORTH
HOLIDAY FL 34652-6257

2. Principal Place of Business

3606 U.S. 19 N

3. Mailing Address

3606 U.S. 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey

City & State

New Port Richey

4. FEI Number

99-3578817

Applied For

Not Applicable

Zip

34652

Country

U.S.A.

Zip

34652

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Mike Schriver

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

5016 ENSIGN Loop

City

New Port Richey

FL

Zip Code

34652

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

Mike Schriver

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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 PSD
NAME SCHRIVER, REBECCA J
STREET ADDRESS 1437 US HIGHWAY 19 NORTH
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

TITLE VTD
NAME DURHAM, JAMES W
STREET ADDRESS 1437 US HIGHWAY 19 NORTH
CITY-ST-ZIP HOLIDAY FL 34691 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Change ☐ Addition
NAME ~~Rebecca J. Schriver~~ Rebecca J. Schriver
STREET ADDRESS 5016 ENSIGN Loop
CITY-ST-ZIP New Port Richey, FL 34652

TITLE VTD ☐ Change ☒ Addition
NAME michael w. Schriver
STREET ADDRESS 5016 ENSIGN Loop
CITY-ST-ZIP New Port Richey, FL 34652

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

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

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

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

Rebecca J. Schriver Rebecca J. Schriver 4-24-00 727-915-1307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)