2001 UNIFORM BUSINESS REPORT (UBR)

P99000047970

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PM 12:42

DOCUMENT # P99000047970

1. Entity Name
FLOMARCON INC.

Principal Place of Business	Mailing Address
~~12818 HARBOR RIDGE BLVD.~~ PALM CITY FL 34990 1509, BUTTONBUSH CIRCLE	~~12318 HARBOR RIDGE BLVD.~~ PALM CITY FL 34990 1509, BUTTONBUSH CIRCLE
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0925189 ☐ 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
ALLEN H. KATZ PA 2800 E. COMMERCIAL BLVD STE 208 FT. LAUDERDALE FL 33308	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], PRESIDENT Aug. 27, 2001
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOPEL, HEINZ ~~12318 HARBOUR RIDGE BLVD.~~ 1509, BUTTONBUSH CIRCLE PALM CITY FL 34990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: SIGNATURE REQUIRED [signature] Aug. 27 2001 (561) 336-9016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

800004698368--2
-11/29/01--01052--001
****150.00 ****150.00

Flomarcon, Inc.
Florida Marine Consultancy
Heinz Topel

October 22, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Subject: Corrected Uniform Business Report
Reference: No. P 99 0000 47970 / Your letter dd Sept 7, 2001 refers

After a two months health treatment stay in Europe I returned to Florida on October 20 and found your above referenced letter.

I hasten to reissue the check which is enclosed herewith and I do hope that the report may now be filed.

Thank you for your understanding and co-operation.

Sincerely

(Heinz TopeL)

Enclosure; Check No. 133

1509 Buttonbush Circle, Harbour Ridge, Palm City, Florida 34990
Tel. (561) 336-9016 Fax (561) 336-4277 Mobile (561) 285-7025
E-Mail : TopelFL@att.net