

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90270 032 ***150.00

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DOCUMENT # P99000064356

1. Entity Name

FLAMINGO DEVELOPMENT, INC.



Principal Place of Business

**3139 S. GATE CIR.
SARASOTA FL 34239**

Mailing Address

**3139 S. GATE CIR.
SARASOTA FL 34239**

11010313



2. Principal Place of Business

3940 RED ROCK WAY

3. Mailing Address

P.O. Box 19109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0939221

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34276-2109

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLINGWOOD, MIKE
3139 S. GATE CIR.
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

SMITH, TODD

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

3940 RED ROCK WAY

City

SARASOTA

FL

Zip Code

34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X *[Signature]* **President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **COLLINGWOOD, MIKE**
STREET ADDRESS **3139 S. GATE CIR.**
CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE **D** ☐ Delete
NAME **SMITH, TODD**
STREET ADDRESS **P.O. BOX 1909**
CITY-ST-ZIP **SARASOTA FL 34276**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 19109**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)