

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90016 013 ***550.00

DOCUMENT # P99000075167

1. Entity Name
FLAMINGO DEVELOPMENT OF FLAGLER, INC.

Principal Place of Business
24 PELICAN CT
PALM COAST FL 32137

Mailing Address
24 PELICAN CT
PALM COAST FL 32137

2. Principal Place of Business **170 Old Kings Rd. South** **3. Mailing Address** **P.O. Box 354844**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Flagler Beach, FL** **City & State** **Palm Coast, FL**
Zip **32136** **Country** **USA** **Zip** **32135** **Country** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3599211** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEVCHENKO, INNA
24 PELICAN CT
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name **Iraida Mednikova**
Street Address (P.O. Box Number is Not Acceptable)
17 Flamingo Court
City **Palm Coast** **FL** **Zip Code** **32137**

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 I. Meds Iraida Mednikova-owner-financial director 09/06/01
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D V	<input type="checkbox"/> Delete
NAME	SHEVCHENKO, INNA	
STREET ADDRESS	24 PELICAN CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDNIKOVA, IRAIDA	
STREET ADDRESS	17 FLAMINGO CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Iraida Mednikova 09/06/01 386-439-9985
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (5/01)