

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093915

1. Entity Name  
FLYING DEBRIS, INC.

Principal Place of Business  
4806 N FLAGLER DR  
SUITE # 4  
WEST PALM BEACH FL 33407

Mailing Address  
4806 N FLAGLER DR  
SUITE # 4  
WEST PALM BEACH FL 33407

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 65-0957337

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SMITH, ELIZABETH J  
4806 N FLAGLER DR  
SUITE 4  
WEST PALM BEACH FL 33407

## 7. Name and Address of New Registered Agent

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, 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, 2002 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 P  
NAME SMITH, ELIZABETH J  
STREET ADDRESS 4806 POINSETTIA AVE #4  
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SMITH, ELIZABETH J. ☒ Change ☐ Addition  
NAME 4806 North Flagler Drive #4  
STREET ADDRESS WPB, FL 33407  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 title empowered.

SIGNATURE:

*Elizabeth J. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90026 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

1/6/02 561 848-0411  
Date Daytime Phone #