FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90218 005 ***150.00

DOCUMENT # P99000093915

1. Entity Name
FLYING DEBRIS, INC

80014246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4806 N. FLAGLER DR,	4806 N. FLAGLER DR #4
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State West Palm Bch, Fl	City & State West Palm Bch, FL
Zip 33407 Country USA	Zip 33407 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0957337 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Elizabeth J. Smith

Street Address (P.O. Box Number is Not Acceptable): 4806 N. FLAGLER DR. #4

City: W. Palm Beach FL Zip Code: 33407

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elizabeth JoAnne Smith President 4806 N. FLAGLER DR #4 W. Palm Bch Fl 33407	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth JoAnne Smith 1/17/03 5617182221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #