

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90050 016 ***150.00

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DOCUMENT # P99000102208

1. Entity Name
PFLUEGER ASSOCIATES, INC.

Principal Place of Business

**4436 GARCIA AVE.
 SARASOTA FL 34233**

2. Principal Place of Business

Suite, Apt. #, etc.

4852 OAK POINTE WAY

City & State

SARASOTA, FL

Zip

34233

Country

Zip

34233

Country

SARASOTA, FL

6. Name and Address of Current Registered Agent

**PELLEGER, FREDERICK D
 4436 GARCIA AVE
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name **PFLUEGER, FREDERICK O.**
 Street Address (P.O. Box Number is Not Acceptable)
4852 OAK POINTE WAY
 City **SARASOTA** FL Zip Code **34233**

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 **PSTD** ☐ Delete
 NAME **PFLUEGER, FREDERICK O**
 STREET ADDRESS **4436 GARCIA AVE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **PFLUEGER, FREDERICK O.**
 STREET ADDRESS **4852 OAK POINTE WAY**
 CITY-ST-ZIP **SARASOTA, FL 34233**

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

TITLE ☐ Change ☐ Addition
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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]* **Pres. Frederick O. Pflueger Pres. 1/28/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)