

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**  
 02-19-2002 90016 041 \*\*\*150.00

**DOCUMENT # P99000102996**

**1. Entity Name**  
**FLASH FLOOD PRODUCTIONS, INC.**

**Principal Place of Business**  
**3806 CARIOCA ROAD**  
**HOLIDAY FL 34691**

**Mailing Address**  
**P.O. BOX 718**  
**TARPON SPRINGS FL 34688**

**2. Principal Place of Business**  
**8034 MOONLIGHT LANE**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**8034 MOONLIGHT LANE**  
 Suite, Apt. #, etc.

**City & State**  
**NEW PORT RICHEY, FL**

**City & State**  
**NEW PORT RICHEY, FL**

**Zip**  
**34654**

**Country**

**4. FEI Number** **91-1749580**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**FLOOD, LEON**  
**3806 CARIOCA ROAD 8034 MOONLIGHT LANE**  
**HOLIDAY FL 34691 NEW PORT RICHEY, FL**  
**34654**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>FLOOD, LEON</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>3806 CARIOCA ROAD</b>		<b>STREET ADDRESS</b>	<b>8034 MOONLIGHT LANE</b>	
<b>CITY-ST-ZIP</b>	<b>HOLIDAY FL 34691</b>		<b>CITY-ST-ZIP</b>	<b>NEW PORT RICHEY, FL 34654</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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]* **REQUIRED** **129-02 727-939-2228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)