

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91576 050 ***150.00

DOCUMENT # V07055

1. Entity Name
W.F. FLOWERS AND ASSOCIATES INCORPORATED

Principal Place of Business

**11930 S.W. 134TH AVENUE
 MIAMI FL 33186**

Mailing Address

**11930 S.W. 134TH AVENUE
 MIAMI FL 33186**

2. Principal Place of Business

**1026 SHIPWATCH DR
 Suite, Apt. #, etc.**

3. Mailing Address

**1026 SHIPWATCH DR
 Suite, Apt. #, etc.**

City & State

JACKSONVILLE

City & State

JACKSONVILLE, FL

Zip

FL

Country

FLORIDA

Zip

32224

Country

FLORIDA

4. FEI Number **65-0530728**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FLOWERS, W.F.
 11930 SW 134TH AVENUE
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **FLOWERS, W.F.**
 Street Address (P.O. Box Number is Not Acceptable)
1026 SHIPWATCH DR
 City **JACKSONVILLE** FL Zip Code **32224**

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 **W.F. FLOWERS** **W.F. FLOWERS**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, W.F.	
STREET ADDRESS	11930 SW 134TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOWERS, W.E.	
STREET ADDRESS	656 REMINGTON FOREST DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, W.F.	
STREET ADDRESS	1026 SHIPWATCH DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 attached memorandum address, with all other like empowered.

SIGNATURE **W.F. FLOWERS** **W.F. FLOWERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 (904) 905-0538

Date

Daytime Phone #

CR2E034 (10/00)