

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90221 002 ***150.00

DOCUMENT # **V38179**

1. Entity Name
FIVE FLAGS BUILDERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4684 KEYSER LANE
Suite, Apt. #, etc.

3. Mailing Address
4684 KEYSER LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PACE, FL.
Zip
32571
Country
U.S.A.

4. FEI Number
59-3121525
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
LARRY ANTHONY WILLARD
Street Address (P.O. Box Number is Not Acceptable)
4684 KEYSER LANE
City
PACE FL Zip Code
32571

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. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P LARRY A WILLARD 4684 KEYSER LANE PACE, FL. 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, VP SUSAN E. WILLARD 4684 KEYSER LANE PACE, FL. 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAD A. WILLARD 5253 MORGAN RIDGE DRIVE MILTON, FL. 32570
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry A. Willard

LARRY A. WILLARD

6-1-02 (850) 994-1118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)