## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** V67812

1. Entity Name FLYING FLAMINGO BROTHERS, INC.

Daine all and Di

## FILED Sep 15, 2002 8:00 am Secretary of State

05-27-2002 90440 019 \*\*\*150.00 09-15-2002 90085 045 \*\*\*550.00

Findipal Place of Business		Mailing Address				=				
2196 AIRPORT RD. NAPLES FL 33962		2196 AIRPORT RD.								
NAPLES FL	. 33962	NAPLES FL 33962			ł					
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2. Principal	I Place of Business	3. Mailing Address			1					
,		3. Masing Address				, 1961) #11016 B11(1 1400) (610) (1510 116)	ieli eleli	artii bibil	91911 SIBIT 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	DO NOT WRITE IN T	riic co	4.CE		
						DO NOT WHITEIN I	713 SPA	10E		
City & State		City & State		4. F	FEI Number <b>65-0357631</b> Appl			pplied For	٦	
Zip Country		7:-			<u> </u>	00-000/001		ΔN	lot Applicable	e
	Country	Zip	Countr	ry	5. Certificate of Status Desired			3.75 Ad		7
	6Name and Address of Current I	Registered Agent	<del></del>	<del></del>		ame and Address of New Register		e Require	<u></u>	4
			T I	Name		and Address of New Register	eu Age	ли		$\dashv$
ł	E, ANTHONY D	Straot Address			s (P.O. Box Number is Not Acceptable)					4
	LOW COURT	Street Addres			O. B	ox Number is Not Acceptable)				ı
MARCO	ISLAND FL 34745			1						1
			F	City			=. +	Zip Cod		4
9 The show	to normal autitual basis of its and			*			FL			
the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registered	d office or registere	ed age	ent, or both, in the State of Florida. I	am fami	iliar with,	and accept	7
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered A	Agent signature required v	uban rair	nstating) DA				
9 This corn	<del></del>					istating) DA				4
<ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</li> </ol>		FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.0			10. Election Campaign Financing _ \$5.00 May Be				May Bo	
(See criteria on back)		Make Check Payable to Department of Sta			ין טג פי	Trust Fund Contribution.			to Fees	
11.	OFFICERS AND D		12.		1	ITIONS/CHANGES TO OFFICERS A	AND DIE	SECTOR	CINIAA	4
TITLE	PD	☐ Delete	TITLE	7	7,00	THONO, OF IANGES TO OFFICERS )		Change	Addition	ءَ 🖯
NAME	RAINONE, ANTHONY D.		NAME				ш	Gliange	Madioon	0/4/
STREET ADDRESS CITY-ST-ZIP	795 WILLOW CT	1110-16		ADDRESS						760
	MARCO ISLAND FL 34785 34	145 /	CITY-S1	T- ZIP						) ŭ
TITLE NAME	VD STOCKLEIN DALU I	☐ Delete	TITLE					Change	Addition	18
STREET ADDRESS	STOCKLEIN, PAUL J. 4542 HARVEY AVENUE		NAME							l
CITY-ST-ZIP	WESTERN SPRINGS IL 60558		CITY-ST	ADDRESS r_7/P						
TITLE	SEC.	☐ Delete	TITLE				— <u>—</u>			4
NAME	STOCKLEIN POUL A	. Delete	NAME	-		-	. 🗆	Change	Addition	
STREET ADDRESS	321 HAZELCREST ST	Ze-T	STREET A	ADDRESS						1
CITY-ST-ZIP	MARRO ISLAND FI	, 34145	CITY-ST							
TITLE		☐ Delete	TITLE				<del></del>	Change	Addition	1
NAME			NAME				Ü	опанде	L.J Addition	
STREET ADDRESS	!		STREET A	ADDRESS						
CITY-ST-ZIP			CITY-ST-	- ZIP						
TITLE		☐ Delete	TITLE			·····		Change	Addition	1
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET A	II						
U111-21-ZIP			CITY-ST-	-ZIP						ĺ

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

☐ Delete

Change

☐ Addition