

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90072 016 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 363243

1. Entity Name
FLATENCO, INC.

Principal Place of Business

Mailing Address

RT 1 BOX 840A
 TN. RIDGE TN 37178
 US

RT 1 BOX 840A
 TN. RIDGE TN 37178-9501
 US

2. Principal Place of Business

3. Mailing Address

5870 LONG BRANCH RD.
 Suite, Apt. #, etc.

5870 LONG BRANCH RD.
 Suite, Apt. #, etc.

City & State

TN. RIDGE TN.

City & State

TN. RIDGE, TN

Zip
37178

Country
HOUSTON

Zip
37178

Country
HOUSTON

4. FEI Number **59-1288034**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAYTON E WOLFE
5873 EDOWARD CT
OVIDO FL 32765

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 _____
 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, 2000 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

TITLE **PTS** ☐ Delete
 NAME **WOLFE, CLIFFORD K,**
 STREET ADDRESS **RT 1 BOX 840A N/A**
 CITY-ST-ZIP **TENNESSEE, TN 37178**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE: Clifford K. Wolfe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Apr 00 **931-289-4833**
 Date Daytime Phone #