

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90048 029 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                   |                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 363243</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                                                   |                                                                                                                                                                |
| 1. Entity Name<br><b>FLATENCO, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                                   |                                                                                                                                                                |
| Principal Place of Business<br><b>5870 LONG BRANCH RD<br/>TENNESSEE RIDGE TN 37178<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | Mailing Address<br><b>5870 LONG BRANCH RD<br/>TENNESSEE RIDGE TN 37178<br/>US</b> |                                                                                                                                                                |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                     |                                                                                                                                                                |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | City & State                                                                      |                                                                                                                                                                |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                         | Zip                                                                               | Country                                                                                                                                                        |
| 4. FEI Number <b>59-1288034</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                                                                                                                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 | \$8.75 Additional Fee Required                                                    |                                                                                                                                                                |
| 6. Name and Address of Current Registered Agent<br><br><b>CLAYTON E WOLFE<br/>5873 EDOWARD CT<br/>OVIEDO FL 32765</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                                   |                                                                                                                                                                |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____ (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. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                |
| FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | \$5.00 May Be Added to Fees                                                       |                                                                                                                                                                |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |                                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PTS<br/>WOLFE, CLIFFORD K,<br/>RT 1 BOX 840A N/A<br/>TENNESSEE, TN 37178</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>PTS<br/>WOLFE, CLIFFORD K,<br/>5870 LONG BRANCH RD<br/>TN. RIDGE TN. 37178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| 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 <i>Clifford K Wolfe</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | Date <i>9 Jan 01</i> Daytime Phone # <i>931-289-4833</i>                          |                                                                                                                                                                |

CR2E034 (10/00)