**FILED** 

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUI		729726					(V)	Se	24, 20 cretar	y of	Stat	t <b>e</b> .
FLATRO	C, INC.							O'A	7-24-2001 90	029 046 '	****61.25	)
Principal Place of Business			Mailing Address									
1500 NW 155 ST CITRA FL 32113		1500 NW 155 ST CITRA FL 32113					_					
US US	13		ÚS	. werro					C0074			
<b>6</b> Disciple 10	N		l o Mailine	Address								
2. Principal Place of Business		3. Mailing Address				O TORRIE TORRO KONO LOURT HERFE TIETO ANTA DIOLE BURLI BIDIT BURLI						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State				4. FEI Number	23-7410310			oplied For ot Applicable		
Zip		Country	Zip		Coun	try	)	5. Certificate of	Status Desired		\$8.75 Add Fee Require	ditional
	···-6Name ar	nd Address of Current I	Registered /	Agent	در پیشو در	Name	-	-7Name and Ad	dress of New R	egistered A	gent	
MOTT, CHARLES, J.								P.O. Box Number is Not Acceptable)				
1500 NW	155 ST											
CITRA FL	. 32113					City		,		FL	Zip Code	e
8. The above	named entity s	ubmits this statement for	r the purpose	e of changing its r	egistered	d office o	r register	red agent, or both,	n the state of Flo			
SIGNATURE .												
	Signature, typed or r	printed game of registered agent a	and title if applical	ble (NOTE:	Registered /	Agent signat	ure required	when reinstating)		DATE		<del></del>
	Signature, typed or p	orinted name of registered agent a	and title if applical	ble. (NOTE:	Registered /	Agent signat	ure required	s when reinstating)		DATE		· ·
F	FILE NOW:	FEE IS \$61.25		9. Election Cam Trust Fund Co	paign Fin	nancing	ure required	\$5.00 May Be Added to Fees		ke Check	Payable	
F	FILE NOW: ember 12, 20	FEE IS \$61.25	36.25	9. Election Cam Trust Fund Co	paign Fin	nancing		\$5.00 May Be	0	ke Check epartmer	nt of State	I 10
After Septe	FILE NOW: ember 12, 20	FEE IS \$61.25 001, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam	paign Fin ontributio	nancing		\$5.00 May Be Added to Fees	0	ke Check epartmer	nt of State	•
After Septe  10.  TITLE  NAME  STREET ADDRESS	FILE NOW: ember 12, 20 PD MOTT, CHA 1500 NW 19	FEE IS \$61.25 001, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam Trust Fund Co	paign Fin ontributio 11. TITLE NAME STREET	nancing on.		\$5.00 May Be Added to Fees	0	ke Check epartmer	nt of State	I 10
After Septe  10.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP	PD MOTT, CHA	FEE IS \$61.25 001, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam Trust Fund Co	paign Finontribution  11.  TITLE NAME STREET CITY-S	nancing on.		\$5.00 May Be Added to Fees	0	ke Check epartmer	nt of State	I 10
After Septe  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD MOTT, CHA 1500 NW 1! CITRA FL VD MOTT, J.M.	FEE IS \$61.25 001, min. will be \$2 OFFICERS AND DIF IRLES J. 55 ST	36.25	9. Election Cam Trust Fund Co	paign Finontribution  11. TITLE NAME STREET CITY-S TITLE NAME	r address		\$5.00 May Be Added to Fees	0	ke Check epartmer	RECTORS IN Change	I 10 Addition
After Septe  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MOTT, CHA 1500 NW 1	FEE IS \$61.25 001, min. will be \$2 OFFICERS AND DIF IRLES J. 55 ST	36.25	9. Election Cam Trust Fund Co	paign Finontribution  11. TITLE NAME STREET CITY-S TITLE NAME	nancing n.  TADDRESS ST-ZIP TADDRESS		\$5.00 May Be Added to Fees	0	ke Check epartmer	RECTORS IN Change	I 10 Addition
After Septe  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MOTT, CHA 1500 NW 19 CITRA FL VD MOTT, J.M. 1500 NW 19 CITRA FL STD	FEE IS \$61.25 D01, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam Trust Fund Co	paign Finontributio  11.  TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	5.7	\$5.00 May Be Added to Fees	GES TO OFFICE	ke Check epartmer	RECTORS IN Change	I 10 Addition
After Septe  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTT, CHA 1500 NW 19 CITRA FL VD MOTT, J.M. 1500 NW 19 CITRA FL STD MOTT, MAR	FEE IS \$61.25 D01, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam Trust Fund Ca  Delete	paign Finontributio  11.  TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP	5.7	\$5.00 May Be Added to Fees	GES TO OFFICE	ke Check epartmer	RECTORS IN Change	Addition
After Septe  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	PD MOTT, CHA 1500 NW 19 CITRA FL VD MOTT, J.M. 1500 NW 19 CITRA FL STD MOTT, MAR 11108 N 56	FEE IS \$61.25 D01, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam Trust Fund Ca  Delete	paign Finontributio  11.  TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS	5.7	\$5.00 May Be Added to Fees	GES TO OFFICE	ke Check epartmer	Change  Change	I 10 Addition Addition
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After Septe  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	PD MOTT, CHA 1500 NW 19 CITRA FL VD MOTT, J.M. 1500 NW 19 CITRA FL STD MOTT, MAR 11108 N 56	FEE IS \$61.25 D01, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam Trust Fund Co	paign Finontributio  11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	5.7	\$5.00 May Be Added to Fees	GES TO OFFICE	ke Check epartmer	Change  Change	I 10 Addition Addition
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After Septe  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTT, CHA 1500 NW 19 CITRA FL VD MOTT, J.M. 1500 NW 19 CITRA FL STD MOTT, MAR 11108 N 56	FEE IS \$61.25 D01, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam Trust Fund Co	paign Finontribution  111. TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	5.7	\$5.00 May Be Added to Fees  ADDITIONS/CHAN	GES TO OFFICE	ke Check epartmer	Change  Change  Change  Change	Addition  Addition  Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.