

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

07-04-2002 90548 040 ***150.00

DOCUMENT # **PD1000017388**

1. Entity Name
Seminole Floor Covering, Inc.

DO NOT WRITE IN THIS SPACE

B0126961

2. Principal Place of Business 944 E. Cleveland Street Suite, Apt. #, etc.	3. Mailing Address 944 E. Cleveland Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Apopka FL	City & State Apopka FL
Zip 32703	Zip 32703
Country Orange	Country Orange

4. FEI Number 59-3698957	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ibelize Coleman	
Street Address (P.O. Box Number is Not Acceptable) 944 E. Cleveland Street	
City Apopka	Zip Code FL 32703

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 <i>Ibelize Coleman</i>	DATE 6/27/02
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Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ibelize Coleman 944 E. Cleveland St Apopka FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: <i>Ibelize Coleman</i>	DATE: 6/27/02	DAYTIME PHONE #: 407-889-7337
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment
ID# PO1000017388

June 27, 2002

Dept. of State
Uniform Business Report
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs.

I am writing as I incorporated in February of 2001. I had an accountant (Aim Financial, Winter Park, FL), who did the paperwork for me. She made no mention of this report, not last year, not this year. I started to question her ethics when I disagreed with my tax return. I interviewed another accounting firm, and one of the first questions asked was did I file this report. I had no idea what they were talking about!

I did not receive any paperwork as your Company stated I should have as my address changed in May of last year. I am enclosing the fee for this year, and my sincere apologies, as I certainly do not wish to evade any State fees and or laws.

Sincerely,

SEMINOLE FLOOR COVERING, INC.



Ibelize Coleman
President

imc