FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 1. Entity Name 03 MAY 16 AM 11: 56 -loring Conceptium SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE mistre bla DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe #3000 Not Applicable Sountry A \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Nur IN THIS SPACE 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, I am familiar with, and accept the obligations of registered agent. SIGNATURE NOTE: Registered Agent signature required when reinstating) January 1 May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE * TITLE NAME . NAME STREET ADDRESS STREET ADDRESS COTY - ST - ZIP CITY ST-ZIP 05/16/03:<u>01013</u>-005.**163. TITLE PC/05UR X MLE A STAT NAME NAME STREET ADDRESS STREET ADORESS City-St-ZIP. CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP CITY-ST-ZIP IMLE TO THE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY ST ZIP TITLE NAME TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIP TITLE: FITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZP. 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: OFFICER OR DIRECTOR

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Mary Margaret Heaton P.O. Box 305 Burgin, Kentucky 40310



Division of Corporations Re: FEI 300091391

I am writing asking for some leniency in my filing. I have had to come to Kentucky for a while to care for an elderly mother who fell very ill. During this time I mislaid my form and I am just now able to retrieve a copy from the Internet and send it in.

If you need confirmation from my mother's doctor, I can provide some documentation. At least the dog did not eat my homework. If you wish to contact me I can be reached at the above address or (859) 748-5340.

Thank you for you assistance in this matter.

Sincerely,

Mary Margaret Heaton, President

A Flooring Concept, Inc.