


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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90126 049 ***150.00

DOCUMENT # <u>P02000069731</u>	
1. Entity Name <u>KC FLOOR COVERING</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7543 BERNICK ST</u>	3. Mailing Address <u>7543 BERNICK ST.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>NORTH PORT FL.</u>	City & State <u>NORTH PORT FL.</u>	4. FEI Number <u>32-0019869</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <u>34287</u>	Country <u>USA</u>	Zip <u>34287</u>	Country <u>USA</u>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>KELLY WATKINS</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>7543 BERNICK ST</u>	
City <u>NORTH PORT</u>	FL Zip Code <u>34287</u>

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  DATE 9-4-03

Signature, typed or printed name of registered agent and title if applicable. (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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	<u>KELLY WATKINS</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>7543 BERNICK ST</u>	CITY-ST-ZIP	
	<u>NORTH PORT FL. 34287</u>		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	<u>OFFICER P</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>CARLY ANTON</u>	CITY-ST-ZIP	
	<u>7543 BERNICK ST</u>		
	<u>NORTH PORT FL. 34287</u>		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)

To Whom it may concern,

Attachment

80145462
PD2000069731

I am extremely frustrated w/ the fact that when I tried to pay this bill on-line I discovered that there was a deadline of May 1st that would of saved us \$400. Why would I get something after that date then? When I went through everything and found out that it's possible I didn't receive another, or a prior statement I called and asked someone + they said to write you a letter.. So here it is along w/ my \$150⁰⁰ check. I don't really understand what this is for + is it possible that since it hadn't been a year until July 03 that we started the business is the reason for it being delayed?!

Thank you

Carey Anton / ~~Kelly~~