2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000025187 **DOCUMENT #**

1. Entity Name

FUN-FLATES, INC.



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90241 005 ***150.00

			GOO WE THE	
		Mailing Address		
ncipal Place of	Business	9820 THUNDER HILL TRAIL	L	
HOME BASE BUSINESS		TALLAHASSEE FL 32312	=	The state of the s
9820 THUNDER HILL TRAIL		TALLAHASSEE PL 32312)
LAHASSEE FL	32312			
		3. Mailing Address		-
Principal Place	e of Business	3. Mailing Address		CHANGES
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
		City & State		4. FEI Number 59-3499587 Applied For Not Applicable
City & State		City d cialo		S8 75 Additional
Zip	Country	Zip	Country	5. Certificate of Status Desired
		A Deviatored Agent		7. Name and Address of New Registered Agent
	6. Name and Address of Curren	T Hegistered Agent	-Name	1
_ ~~	NICHEDTY D.A.		Street Address	s (P.O. Box Number is Not Acceptable)
IGLER & DO	OUGHERTY, P.A.		38331.123.33	
1501, PAHK	AVENUE EAST			To Code
5	SEE FL 32301	,	City	FL Zip Code
•				the department or both in the State of Florida. I am familiar with, and accept
The above 0	named entity submits this statement	for the purpose of changing it	is registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligatio	ons of registered agent.			
			DTE: Registered Agent signature req	uired when reinstaling)
IGNATUREs	Signature, typed or printed name of registered ago	ent and title if applicable. (NC	TE: Registered Agent signature roof	
	LE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Be Added to Fees
8400	May 1 2003 Fee will be \$550.0	00		Trust Fund Contribution. Added to Fees
AILE	INICIA 12 TOOL)
Make Check	Payable to Florida Department	t of State		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Make Check	Payable to Florida Department	nd Directors	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.0/(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 his report as required by Chapter 607, 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.

SIGNATURE:

2/13/03 (850)894-4988 Daytime Phone #