

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032955

1. Entity Name

K & M FLATWORK, INC.

Principal Place of Business

3001 HARGILL DR.  
ORLANDO FL 32806

Mailing Address

3001 HARGILL DR.  
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3502306

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WALLINGTON, MICHAEL  
3001 HARGILL DR.  
ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

NAME  
HUTTINGTON, MICHAEL  
STREET ADDRESS  
3001 HARGILL DR.  
CITY-ST-ZIP  
ORLANDO FL 32806

Delete

TITLE

P

NAME  
DEY, KEITH  
STREET ADDRESS  
3843 SUTTON PLACE BLVD, APT #713  
CITY-ST-ZIP  
WINTER PARK FL 32792

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Wallington*

MICHAEL WALLINGTON 2/18/01

407-895-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)