

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

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90083 031 \*\*\*158.75

DOCUMENT # *P98000056769*

1. Entity Name

*FLATGround Properties, Inc.*



**DO NOT WRITE IN THIS SPACE**

**90155919**

2. Principal Place of Business

*3060 CRAIG TERRACE*

Suite, Apt. #, etc.

3. Mailing Address

*MERIE NORMAN COSMETICS*

Suite, Apt. #, etc.

*5100 N 9th AVE. #531*

DO NOT WRITE IN THIS SPACE

City & State

*CRESTVIEW, FL*

City & State

*PENSACOLA, FL*

4. FEI Number

*59-3590905*

Applied For

Not Applicable

Zip

*32539*

Country

*OKALOOSA*

Zip

*32504*

Country

*ESC.*

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Deborah D. George*

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

*3060 CRAIG TERRACE*

City

*CRESTVIEW*

**FL**

Zip Code

*32539*

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

*Deborah D. George*

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

(NOTE: Registered Agent signature required when reinstating)

*09/08/2003*

DATE

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.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>Deborah D. George</i>
STREET ADDRESS	<i>3060 CRAIG TERRACE</i>
CITY-ST-ZIP	<i>CRESTVIEW, FL 32539</i>
TITLE	<i>Secretary</i>
NAME	<i>Kermit A. George</i>
STREET ADDRESS	<i>3060 CRAIG TERRACE</i>
CITY-ST-ZIP	<i>CRESTVIEW, FL 32539</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(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:

*Deborah D. George*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*09/08/2003*

Date

Daytime Phone #

CR2E034B (12/02)