

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

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90094 034 \*\*\*150.00

**DOCUMENT # P99000039098**

1. Entity Name

**FLOORMATIC, INCORPORATED** ✓

**DO NOT WRITE IN THIS SPACE**

**B0133116**

2. Principal Place of Business

**2814 LUCE DR.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**CLEARWATER, FLORIDA**

City & State

4. FEI Number

**59-3573447**

Applied For

Not Applicable

Zip

**33761**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**WESLEY KRAKOWSKI**

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

**2814 LUCE DR.**

City

**CLEARWATER**

**FL**

Zip Code

**33761**

**DO NOT WRITE  
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.

SIGNATURE

*Wesley Krakowski*

**WESLEY KRAKOWSKI**

**7/27/02**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
WESLEY KRAKOWSKI  
2814 LUCE DR.  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wesley Krakowski*  
**WESLEY KRAKOWSKI  
PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/02**

Date

**727-712-0831**

Daytime Phone #

*Attachment*  
**FLOORMATIC, INCORPORATED**  
**2814 LUCE DR.**  
**CLEARWATER, FL 33761**

July 27, 2002

Uniform Business Report Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: PENALTY WAIVER REQUEST - DOCUMENT NO. P99000039098**

Dear Sir or Madam:

We respectfully request that you accept the 2002 Uniform Business Report and our check in the amount of \$150.00.

We apologize for being late, but we definitely did not receive your original form. We are serious people who file all government reports timely and who would not discard or misplace such an important document.

Our accountant reviewed all his clients' records on the Secretary of State internet database and found that we have missed the deadline for Uniform Business Report filing. Our business is too small to be able to afford paying a \$550.00 penalty fee. In fact, if you decide to reject our request for waiver of penalty, we request that you return to us the \$150.00 check.

We promise to file all future annual reports on a timely basis and once again we request that you waive the \$400.00 penalty.

Thank you very much for your time and consideration given this matter.

Sincerely,



Wesley Krakowski  
President