

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90025 039 ****70.00

DOCUMENT # 758161

1. Entity Name

FLORIDA WORLD ORGANIZATION OF CHINA PAINTERS', I

Principal Place of Business

Mailing Address

3830 PORTULACA CT
 DUNNELLON FL 34431
 US

3830 PORTULACA CT
 DUNNELLON FL 34431-3909
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3812 Cardenal Ave

3. Mailing Address

3812 Cardenal Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Ruskin, Florida

City & State
 Ruskin, Florida

4. FEI Number
59-2222279

Applied For
 Not Applicable

Zip
 33573

Country
 US

Zip
 33573

Country
 US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMSON, CARLENE
 3830 PORTULACA CT
 DUNNELLON FL 34431

Name
Judy Higgins

Street Address (P.O. Box Number is Not Acceptable)
 3812 Cardenal Ave

City
 Ruskin **FL** Zip Code
 33573

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 **Judy Higgins, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Judy Higgins 2/7/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAMSON, CAROLENE 3830 SW PORTULACA CT DUNNELLON FL 34431-3909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HIGGINS, JUDY 3812 CARDENAL AVE. RUSKIN FL 33573-6735	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WAARDENBURG, DENICE V 706 SPRING VALLEY DR. MELBOURNE FL 32940-1718	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PICKETT, LINDA 2804 ANNISTON RD. JACKSONVILLE FL 32246-3436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTHEWS, CAROL ANN 7204 SEASHORE DR. PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HIGGINS, JUDY 3812 Cardenal Ave Ruskin, FL 33573-6735	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DRENTH, SHIRLEY 4420 Ballast Point Blyd. Tampa, FL 33611-5602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PICKETT, LINDA 2804 Anniston Road Jacksonville, FL 32246-3436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BERUBE, THERESA 825 Hibiscus Drive Lady Lake, FL 32159-2117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ARCHER, MILDRED 18 Bryan Avenue Titusville, FL 32796-2708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **Judy Higgins, PRESIDENT** *Judy Higgins* 2/7/00 (813)-633-3746
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)