

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90017 033 \*\*\*\*61.25

**DOCUMENT # P20435**

1. Entity Name

**AGLOW INTERNATIONAL, INCORPORATED**

Principal Place of Business

Mailing Address

152-3RD AVE SO  
 STE 103  
 EDMONDS WA 98020  
 US

P.O. BOX 1749  
 EDMONDS WA 98020-1749  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7275330**

Applied For

Not Applicable

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

**COOK, PATRICIA**  
**749 NW PICNIC ST**  
**PT CHARLOTTE FL 33952**

Name

**Cecelia James**

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

**8430 NW 7th St.**

City

**Pembroke Pines**

**FL**

Zip Code  
**33024**

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

*Cecelia James*

**Cecelia James**

**1/31/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD**  Delete  
 NAME **HANSEN, JANE**  
 STREET ADDRESS **9138 186TH PL., SW**  
 CITY-ST-ZIP **EDMONDS WA 98026-5748**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **Laurie Lischke**  
 STREET ADDRESS **16705 56TH AVE W**  
 CITY-ST-ZIP **LYNWOOD WA 98037-8303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **FINK, DIANE**  
 STREET ADDRESS **1410 126TH ST. SE**  
 CITY-ST-ZIP **EVERETT WA 98208**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **ROGERS, KAY**  
 STREET ADDRESS **14603 WEST 40TH AVE**  
 CITY-ST-ZIP **LYNWOOD WA 98037**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ALVES, BETH**  
 STREET ADDRESS **314 E AMMANN RD**  
 CITY-ST-ZIP **BULVERDE TX 78163**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SISK, MARY LANCE**  
 STREET ADDRESS **5526 FIVE KNOLLS DR**  
 CITY-ST-ZIP **CHARLOTTE NC 28226**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Kay Rogers, Treasurer 1/31/00**

**(425) 775-7282**

Date

Daytime Phone #

CR2E037 (9/99)