

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90011 015 \*\*\*158.75

**DOCUMENT # S14310**

1. Entity Name  
**PORTER WORLD TRADE, INC.**

**601886**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 226 N. ATLANTIC AVE. COCOA BCH. FL 32931	Mailing Address 226 N. ATLANTIC AVE. COCOA BCH. FL 32931-2963
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3038133</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTER, JOHN K**  
**226 N. ATLANTIC AVE.**  
**COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PORTER, JOHN K. 12-J CAPE SHORES BLVD. CAPE CANAVERAL FL 32920	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	PORTER, JEAN JONES 6315 N ATLANTIC AVE CAPE CANAVERAL FL 32920	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE T	PORTER, MICHELLE 12-J CAPE SHORES BLVD CAPE CANAVERAL FL 32920	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	MYERS, HELEN 200 INTERNATIONAL DR. #206 CAPE CANAVERAL FL 32920	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	
CITY-ST-ZIP		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: **John K. Porter President** **1/5/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)