

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90106 029 ***158.75

0079816

DOCUMENT # S14310

1. Entity Name

PORTER WORLD TRADE, INC.

Principal Place of Business

226 N. ATLANTIC AVE.
 COCOA BCH. FL 32931

Mailing Address

226 N. ATLANTIC AVE.
 COCOA BCH. FL 32931

607073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1325 N. Atlantic Ave

Suite, Apt. #, etc.

Suite 304

City & State

Cocoa Beach, Fl.

Zip

32931

Country

US

3. Mailing Address

1325 N. Atlantic Ave

Suite, Apt. #, etc.

Suite 304

City & State

Cocoa Beach, Fl.

Zip

32931

Country

US

4. FEI Number

59-3038133

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 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

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

(NOTE: Registered Agent signature required when reinstating)

1-11-01

DATE

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTER, JOHN K.	
STREET ADDRESS	12-J CAPE SHORES BLVD.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PORTER, JEAN JONES	
STREET ADDRESS	6315 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	T	<input type="checkbox"/> Delete
NAME	PORTER, MICHELLE	
STREET ADDRESS	12-J CAPE SHORES BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	S	<input type="checkbox"/> Delete
NAME	MYERS, HELEN	
STREET ADDRESS	200 INTERNATIONAL DR, #206	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)