

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731694

1. Entity Name

FRIENDS OF HAPPY WORKERS, INC.

Principal Place of Business

Mailing Address

920 19TH ST. S.
ST. PETERSBURG FLORIDA 33712

920 19TH ST. S.
ST. PETERSBURG FLORIDA 33712-2339

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

59-0751908

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

DUCKETT, GREGORY
1500 ALHAMBRA WAY S
ST PETERSBURG FL 33705

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)

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

TITLE	FVP	<input type="checkbox"/> Delete
NAME	IRBY, KENNETH	
STREET ADDRESS	6149 - 27TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAGBURG, GORDON REV	
STREET ADDRESS	1237 BRIGHTWATERS BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUCKETT, GREGORY	
STREET ADDRESS	1500 ALHAMBRA WAY S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	IRVING, VIRGINIA	
STREET ADDRESS	2600 10TH STREET S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Tracy A. DeLoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90139 038 ****70.00



DO NOT WRITE IN THIS SPACE

January 18, 2000 (727) 894-5555
Daytime Phone #