

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 731694

FILED
Jun 18, 2003
Secretary of State

Entity Name: FRIENDS OF HAPPY WORKERS, INC.

Current Principal Place of Business:

920 19TH ST. S.
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

920 19TH ST. S.
SAINT PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-0751908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCRAE, DON
6634 30TH STREET SOUTH
SAINT PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HAGBURG, GORDON REV
Address: 1237 BRIGHTWATERS BLVD NE
City-St-Zip: ST PETERSBURG, FL

Title: PD () Delete
Name: DUCKETT, GREGORY
Address: 1500 ALHAMBRA WAY S
City-St-Zip: ST PETERSBURG, FL

Title: ED () Delete
Name: IRVING, VIRGINIA
Address: 2600 10TH STREET S.
City-St-Zip: ST PETERSBURG, FL

Title: FVP () Delete
Name: STEWART, PATRICIA
Address: 2378 GRANADA CIRCE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. VIRGINIA B. IRVING

ED

06/18/2003

Electronic Signature of Signing Officer or Director

Date