

Dec 21 00 07:00p

Wasserman & Walters

407-539-1126

DEC 21 '00 05:32PM DIV OF CORP DO

P.2/2

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2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 DEC 27 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-01

DOCUMENT # 1182996			
1. Entity Name Florida Novelty Works, Inc.			
Principal Place of Business P.O. Box 114 Stratton, OH 43961		Mailing Address P.O. Box 114 Stratton, OH 43961	
2. Principal Place of Business		3. Mailing Address	
Succ. Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 341588732		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Charles A. Defrank 5005 U.S. Hwy. 27 North Davenport, FL 33837		7. Name and Address of New Registered Agent Name William J. Trappen Street Address (P.O. Box Number is Not Acceptable) 228 Park Ave. North, Suite B City Winter Park, FL Zip Code 32789	
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 <i>William J. Trappen</i> Signature of Agent or Printed Name of Registered Agent and its application (NOTE: Registered Agent signature required when transferring)		DATE 12/21/00	
9. This corporation is eligible to elect its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		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 NAME STREET ADDRESS CITY-ST-ZIP	Mr. Samuel T. Abdalla c/o Aquanaut Complex Hammondsville, OH ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.		500003534065 -01/12/01--01008--007 ***458.75 ***458.75	
SIGNATURE: <i>Samuel T. Abdalla</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		330-532-3900 Continuation Page	

12-21-00

CR2004 (9/99)

SP

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December 23, 2000

Division of Corporations
C/O Ms. Leilani
P.O. Box 6327
Tallahassee, FL 32314

Re: Fee Waiver Letter for Corporate Reinstatement of FEI 341588732

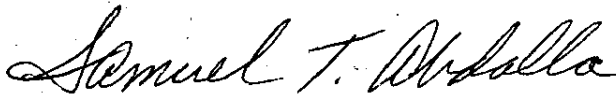
Dear Ms. Leilani:

As per your phone conversation on Thursday, December 21, 2000 with my attorney, Mr. William J. Trappen, I write this letter to request a fee waiver for the corporate reinstatement referenced above since I never received the UBR Reports. My business was shut down due to the illegal actions of another, and I was forced to close the business down. Therefore, I am changing the resident agent to Mr. Trappen so I will receive all my future mailings from your department. I enclose the 2000 UBR which contains the amended Registered Agent information.

Also enclosed is a check in the amount of \$308.75 for the fees due from the previous two years plus one Certificate of Status. As per your conversation with Mr. Trappen, I will forward another \$150.00 next year.

Thank you for all your assistance in this matter. If you have any questions do not hesitate to contact Mr. Trappen at 407-539-1140.

Sincerely,



Samuel T. Abdalla
Florida Novelty Fireworks, Inc.