

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90026 003 \*\*\*\*61.25

**DOCUMENT # N98000002212**

1. Entity Name

**THE POTTER'S HOUSE INTERNATIONAL INC.**

Principal Place of Business

Mailing Address

~~7184 SPOONFOOT ST~~  
**THE POTTER'S HOUSE INTERNATIONAL**  
**ORLANDO FL 32822**

~~7184 SPOONFOOT ST~~  
**ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

**6847 MEDITERRANEAN RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

4. FEI Number

**59-3464003**

Applied For

Not Applicable

Zip

**32822**

Country

**ORANGE**

Zip

**32822**

Country

**ORANGE**

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

**PUGH, J T**

~~7184 SPOONFOOT ST~~ **6847 MEDITERRANEAN RD**  
**ORLANDO FL 32822**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*J.T. PUGH*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

*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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **PUGH, J T**  
 STREET ADDRESS **7184 SPOONFOOT ST**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **PUGH, DOROTHY V**  
 STREET ADDRESS **7184 SPOONFOOT ST**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **JONES, KATHERINE**  
 STREET ADDRESS **1519 STORMWAY CT**  
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *J.T. PUGH*

*9-4-02 407 207 4875*

CR2E037 (4/02)