

200.1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006906

1. Entity Name

FLORIDA HOUSING & WEATHERIZATION SERVICES, INC

Principal Place of Business

1802 B DREW ST.
CLEARWATER FL 33765

Mailing Address

1802 B DREW ST.
CLEARWATER FL 33765

2. Principal Place of Business

Suite, Apt. #, etc.

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3613931

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENSAH, ABUBAKAR
1802 B DREW ST.
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

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

SAME

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)

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	DP	<input type="checkbox"/> Delete
NAME	MENSAH, ABUBAKAR	
STREET ADDRESS	1802 B DREW ST.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANAMUAH-MENSAH, BERNARD	
STREET ADDRESS	1802 B DREW ST.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRANCIS, OMANE R	
STREET ADDRESS	1802 DREW STREET	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DT	<input type="checkbox"/> Delete
NAME	THOMAS GEORGE AMEYAW	
STREET ADDRESS	1802 DREW ST.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROXIE SCOTT	
STREET ADDRESS	1802 DREW ST	
CITY-ST-ZIP	CLEARWATER, FL 33765	
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
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	

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 is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR

5/15/2001

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90002 043 ****66.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)