

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006906**

1. Entity Name

FLORIDA HOUSING & WEATHERIZATION SERVICES, INC.**FILED****May 21, 2002 8:00 am**
Secretary of State

05-21-2002 91144 048 ****70.00

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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3613931

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**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)

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

4/29/2002**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 checked="" 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	AMEYAN, THOMAS G	
STREET ADDRESS	1802 DREW ST	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCOTT, ROXIE	
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 checked="" type="checkbox"/> Addition
NAME	MARTH MLAKI MENSAH	
STREET ADDRESS	1802 DREW ST	
CITY-ST-ZIP	CLEARWATER, FL 33765	
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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/29/02**

Date

Daytime Phone #

CR2E037 (9/01)