

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000109560

FILED
Apr 21, 2003
Secretary of State

Entity Name: FLORIDA BLACK CAT ENTERPRISES INC.

Current Principal Place of Business:

598 SPRING LAKE BLVD NW
PORT CHARLOTTE, FL 339526431

New Principal Place of Business:

4265 TAMIAMI TRAIL
UNIT E
PORT CHARLOTTE, FL 339802149 US

Current Mailing Address:

598 SPRING LAKE BLVD NW
PORT CHARLOTTE, FL 339526431

New Mailing Address:

4265 TAMIAMI TRAIL
UNIT E
PORT CHARLOTTE, FL 339802149 US

FEI Number: 14-1853276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEW WORLD PARTNERSHIPS INC.
1702 RINGLING BLVD
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

FUMEI, SHARON
598 SPRING LAKE BLVD. NW
PORT CHARLOTTE, FL 33952 US

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: SHARON FUMEI

04/21/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUMEI, SHARON
Address: 598 SPRING LAKE BLVD NW
City-St-Zip: PORT CHARLOTTE, FL 339526431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON FUMEI

P

04/21/2003

Electronic Signature of Signing Officer or Director

Date