

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20435

1. Entity Name

AGLOW INTERNATIONAL, INCORPORATED

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90017 033 ****61.25

Principal Place of Business 152-3RD AVE SO STE 103 EDMONDS WA 98020 US	Mailing Address P.O. BOX 1749 EDMONDS WA 98020-1749 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 23-7275330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, PATRICIA
749 NW PICNIC ST
PT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name: **Cecelia James**
 Street Address (P.O. Box Number is Not Acceptable): **8430 NW 7th St.**
 City: **Pembroke Pines** **FL** Zip Code: **33024**

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: *Cecelia James* **Cecelia James** 1/31/00
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	PD	<input type="checkbox"/> Delete
NAME	HANSEN, JANE	
STREET ADDRESS	9138 186TH PL., SW	
CITY-ST-ZIP	EDMONDS WA 98026-5748	
TITLE	V	<input type="checkbox"/> Delete
NAME	Laurie Lischke	
STREET ADDRESS	16705 56TH AVE W	
CITY-ST-ZIP	LYNWOOD WA 98037-8303	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINK, DIANE	
STREET ADDRESS	1410 126TH ST. SE	
CITY-ST-ZIP	EVERETT WA 98208	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, KAY	
STREET ADDRESS	14603 WEST 40TH AVE	
CITY-ST-ZIP	LYNWOOD WA 98037	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVES, BETH	
STREET ADDRESS	314 E AMMANN RD	
CITY-ST-ZIP	BULVERDE TX 78163	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISK, MARY LANCE	
STREET ADDRESS	5526 FIVE KNOLLS DR	
CITY-ST-ZIP	CHARLOTTE NC 28226	

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 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: *Kay Rogers* **Kay Rogers, Treasurer** 1/31/00 (425) 775-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)