

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010685

1. Entity Name

FLORIDA WORLD TRADE CORPORATION

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90019 021 ***150.00

Principal Place of Business

800 2ND AVE S
SUITE 340
ST PETERSBURG FL 33701

Mailing Address

800 2ND AVE S
SUITE 340
ST PETERSBURG FL 33701

643880

2. Principal Place of Business

ONE BEACH DRIVE, S.E.

Suite, Apt. #, etc.

301-C

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA

3. Mailing Address

ONE BEACH DRIVE, S.E.

Suite, Apt. #, etc.

301-C

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3228496

Applied For

Not Applicable

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

MASTRY, R. DONALD
200 CENTRAL AVE.
STE 1600
ST PETERSBURG FL 33701

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PARKER, J. KENNETH 800 SECOND AVENUE SOUTH SUITE 340 ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC CROOK, GEORGE 800 SECOND AVENUE SOUTH SUITE 340 ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LANG, JAMES T. 800 SECOND AVENUE SOUTH SUITE 340 ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE BEACH DRIVE, S.E. 301-C ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE BEACH DRIVE, S.E. 301-C ST. PETERSBURG, FL 33701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. KENNETH PARKER, 4-18-01, (727) 898 6058

Date

Daytime Phone #

CR2E034 (10/00)