

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90040 004 ***150.00

00061941

DO NOT WRITE IN THIS SPACE

DOCUMENT # PCF8000 32467
 1. Entity Name
FLORI-CAN ENT., INC

Principal Place of Business Mailing Address
18505 PAULSON DR 23281 GOLD COAST AVE
UNIT A PORT CHARLOTTE FL
PORT CHARLOTTE FL 33954 33980

2. Principal Place of Business 3. Mailing Address
18505 PAULSON DRIVE 23281 GOLD COAST AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT "A"
 City & State City & State
PORT CHARLOTTE FLORIDA PORT CHARLOTTE, FLORIDA
 Zip Country Zip Country
33954 USA 33980 USA

4. FEI Number Applied For
65 0825 812 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Richard Constantineau
23281 GOLD COAST AVE
PORT CHARLOTTE FL 33980

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 Richard Constantineau DATE 29 May 2000
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE <u>PRESIDENT - DIRECTOR</u> <input type="checkbox"/> Delete	NAME <u>RICHARD CONSTANTINEAU</u>	STREET ADDRESS <u>23281 GOLD COAST AVE</u>	CITY-ST-ZIP <u>PORT CHARLOTTE, FL 33980</u>
TITLE <u>SECRETARY</u> <input type="checkbox"/> Delete	NAME <u>JULIETTE BOUCHER</u>	STREET ADDRESS <u>642 VERONA STREET</u>	CITY-ST-ZIP <u>PORT CHARLOTTE FL 33952</u>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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] DATE 29 May 2000 DAYTIME PHONE # 941 255 7892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)