

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034988

1. Entity Name

FLOR-MI CORP.

Principal Place of Business

Mailing Address

5334 BAROQUE DRIVE
HOLIDAY FL 34690

5334 BAROQUE DRIVE
HOLIDAY FL 34690-6611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-357-0582

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LAFAYETTE, JOHN C
3446 EAST LAKE ROAD
SUITE 212
PALM HARBOR FL 34685

Name

BENDER, COLETTE D

Street Address (PO Box Number is Not Acceptable)

5334 BAROQUE DRIVE

City

HOLIDAY

FL Zip Code

34690

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

Colette D. Bender

Jan. 31, 2000

DATE

(Signature, typed or printed name of registered agent or director of corporation)

(NOTE: Disbanded corporation 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHAMBAULT, WILLIAM J 5334 BAROQUE DRIVE HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, COLETTE D 5334 BAROQUE DRIVE HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, KENNETH N 5334 BAROQUE DRIVE HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSEY, JOYCE A 5334 BAROQUE DRIVE HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNERNEY, VIRGINIA E 5334 BAROQUE DRIVE HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHAMBAULT, JEANNETTE D 5334 BAROQUE DRIVE HOLIDAY FL 34690	<input type="checkbox"/> Delete	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.

FLOR-MI CORP

SIGNATURE: *William J. Archambault*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. ARCHAMBAULT, President

31 Jan 00 727-937-0541
Date Daytime Phone #