

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000034988**

1. Entity Name

FLOR-MI CORP.**FILED**
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90048 027 ***150.00

Principal Place of Business

Mailing Address

**5334 BAROQUE DRIVE
HOLIDAY FL 34690****5334 BAROQUE DRIVE
HOLIDAY FL 34690-6611****A0016674**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-357-0582

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

BENDER, COLETTE D

Street Address (P.O. 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 is acceptable.)

(NOTE: This space is for the 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 State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **ARCHAMBAULT, WILLIAM J**
CITY-ST-ZIP **5334 BAROQUE DRIVE
HOLIDAY FL 34690**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BENDER, COLETTE D**
CITY-ST-ZIP **5334 BAROQUE DRIVE
HOLIDAY FL 34690**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BENDER, KENNETH N**
CITY-ST-ZIP **5334 BAROQUE DRIVE
HOLIDAY FL 34690**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **KINSEY, JOYCE A**
CITY-ST-ZIP **5334 BAROQUE DRIVE
HOLIDAY FL 34690**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCNERNEY, VIRGINIA E**
CITY-ST-ZIP **5334 BAROQUE DRIVE
HOLIDAY FL 34690**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARCHAMBAULT, JEANNETTE D**
CITY-ST-ZIP **5334 BAROQUE DRIVE
HOLIDAY FL 34690**TITLE ☐ Change ☐ 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: By *William J. Archambault*
FLOR-MI CORP
William J. Archambault, President**31 Jan 00 727-937-0544**
Date Daytime Phone #