

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90078 045 \*\*\*150.00

**DOCUMENT # P99000034988**

**1. Entity Name**  
**FLOR-MI CORP.**



**Principal Place of Business**  
**5334 BAROQUE DRIVE**  
**HOLIDAY FL 34690**

**Mailing Address**  
**5334 BAROQUE DRIVE**  
**HOLIDAY FL 34690**

**2. Principal Place of Business**

**3. Mailing Address**  
*1852 Shady Cove Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*Holiday FL*

Zip

Country

Zip

*34691*

Country

*USA*

**4. FEI Number**

**59-3570582**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BENDER, COLETTE D**  
**5334 BAROQUE DRIVE**  
**HOLIDAY FL 34691**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **ARCHAMBAULT, WILLIAM J**  
**STREET ADDRESS** **5334 BAROQUE DRIVE**  
**CITY-ST-ZIP** **HOLIDAY FL 34690**

**TITLE** **D** ☐ Delete  
**NAME** **BENDER, COLETTE D**  
**STREET ADDRESS** **5334 BAROQUE DRIVE**  
**CITY-ST-ZIP** **HOLIDAY FL 34690**

**TITLE** **D** ☐ Delete  
**NAME** **BENDER, KENNETH N**  
**STREET ADDRESS** **5334 BAROQUE DRIVE**  
**CITY-ST-ZIP** **HOLIDAY FL 34690**

**TITLE** **D** ☐ Delete  
**NAME** **KINSEY, JOYCE A**  
**STREET ADDRESS** **5334 BAROQUE DRIVE**  
**CITY-ST-ZIP** **HOLIDAY FL 34690**

**TITLE** **D** ☐ Delete  
**NAME** **MCNERNEY, VIRGINIA E**  
**STREET ADDRESS** **5334 BAROQUE DRIVE**  
**CITY-ST-ZIP** **HOLIDAY FL 34690**

**TITLE** **D** ☐ Delete  
**NAME** **ARCHAMBAULT, JEANNETTE D**  
**STREET ADDRESS** **5334 BAROQUE DRIVE**  
**CITY-ST-ZIP** **HOLIDAY FL 34690**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** *President/D* ☒ Change ☐ Addition  
**NAME** *William J. Archambault*  
**STREET ADDRESS** *1852 Shady Cove Dr*  
**CITY-ST-ZIP** *Holiday FL 34691*

**TITLE** *V/D* ☒ Change ☐ Addition  
**NAME** *Colette D. Bender*  
**STREET ADDRESS** *5334 Baroque Dr*  
**CITY-ST-ZIP** *Holiday, FL 34690*

**TITLE** *V/D* ☒ Change ☐ Addition  
**NAME** *Kenneth N. Bender*  
**STREET ADDRESS** *5334 Baroque Dr*  
**CITY-ST-ZIP** *Holiday FL 34690*

**TITLE** *D/T* ☒ Change ☐ Addition  
**NAME** *Joyce A. Kinsey*  
**STREET ADDRESS** *1837 Shady Cove Dr*  
**CITY-ST-ZIP** *Holiday FL 34691*

**TITLE** *V/D* ☒ Change ☐ Addition  
**NAME** *Virginia E. McMerney*  
**STREET ADDRESS** *1915 Shady Cove Dr*  
**CITY-ST-ZIP** *Holiday FL 34691*

**TITLE** *S/D* ☒ Change ☐ Addition  
**NAME** *Jeannette D. Archambault*  
**STREET ADDRESS** *1852 Shady Cove Dr*  
**CITY-ST-ZIP** *Holiday FL 34691*

**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 607, 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:**

*William J. Archambault*  
Signature and typed or printed name of signing officer or director  
**William J. Archambault, President**

*1-9-03 (727) 937-0544*

Date

Daytime Phone #

CR2E034 (10/02)