

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90019 026 \*\*\*150.00

**DOCUMENT # P00000047890**

1. Entity Name  
**TIMEWISE WORLD, INC.**

Principal Place of Business  
**2543 CROSS COUNTY DRIVE**  
**DAYTONA BEACH FL 32124**

Mailing Address  
**2543 CROSS COUNTY DRIVE**  
**DAYTONA BEACH FL 32124**

928240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**X 2543 CROSS COUNTRY DR.**

3. Mailing Address  
**X 2543 CROSS COUNTRY DR.**

City & State **DAYTONA BEACH, FL** City & State **DAYTONA BEACH, FL** 4. FEI Number **59364195** Applied For  Not Applicable

Zip **32124** Country **FLORIDA** Zip **32124** Country **FLORIDA** 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BARTH, HERBERT**  
**2543 CROSS COUNTY DRIVE**  
**DAYTONA BEACH FL 32124**

7. Name and Address of New Registered Agent  
 Name **BARTH, HERBERT**  
 Street Address (P.O. Box Number is Not Acceptable) **X 2543 CROSS COUNTRY DR**  
 City **DAYTONA BEACH** FL Zip Code **32124**

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 **HERBERT BARTH** DATE **3/4/2001**  
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.  **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BARTH, HERBERT</b> <b>2543 CROSS COUNTY DRIVE</b> <b>DAYTONA BEACH FL 32124</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>BARTH, EVELYN</b> <b>2543 CROSS COUNTY DRIVE</b> <b>DAYTONA BEACH FL 32124</b>	<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 type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>2543 CROSS COUNTRY DR</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>2543 CROSS COUNTRY DR</b>	
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
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: **Herbert Barth** DATE **3/4/2001** DAYTIME PHONE # **904-788-0192**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)