

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047890

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

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

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

Principal Place of Business <b>2543 CROSS COUNTY DRIVE DAYTONA BEACH FL 32124</b>		Mailing Address <b>2543 CROSS COUNTY DRIVE DAYTONA BEACH FL 32124</b>	
2. Principal Place of Business <b>X 2543 CROSS COUNTRY DR</b>		3. Mailing Address <b>X 2543 CROSS COUNTRY DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State <b>DAYTONA BEACH, FL</b>		City & State <b>DAYTONA BEACH, FL</b>		4. FEI Number <b>59 3664195</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32124</b>	Country <b>FLORIDA</b>	Zip <b>32124</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BARTH, HERBERT 2543 CROSS COUNTY DRIVE DAYTONA BEACH FL 32124</b>				7. Name and Address of New Registered Agent Name <b>BARTH, HERBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>X 2543 CROSS COUNTRY DR</b> City <b>DAYTONA BEACH</b> FL Zip Code <b>32124</b>			
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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. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BARTH, HERBERT 2543 CROSS COUNTY DRIVE DAYTONA BEACH FL 32124</b> <input type="checkbox"/> Delete	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	<b>VSD BARTH, EVELYN 2543 CROSS COUNTY DRIVE DAYTONA BEACH FL 32124</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> 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.

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)