

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001839

1. Entity Name

1 GOD 1 WORLD, INC.

Principal Place of Business

117 S CLARK AVENUE  
TAMPA FL 33609-3803

Mailing Address

117 S CLARK AVENUE  
TAMPA FL 33609-3803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

705 S 8th Street

City & State

Ft. Pierce FL

Zip

34950-8507

Country

US

Suite, Apt. #, etc.

705 S. 8th Street

City & State

Ft. Pierce FL

Zip

34950-8507

Country

US

4. FEI Number

Applied For

☒ Not Applicable

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

AMYX, DANIEL A  
117 S CLARK AVENUE  
TAMPA FL 33609-3803

Name

Amyx Daniel A

Street Address (P.O. Box Number is Not Acceptable)

705 S. 8th Street

City

Ft. Pierce

FL

Zip Code

34950 8507

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

After September 13, 2002,  
min. will be \$238.25.

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE & NAME  
P  
AMYX, DANIEL A  
STREET ADDRESS  
117 S CLARK AVENUE  
CITY-ST-ZIP  
TAMPA FL 33609-3803 ☐ Delete

TITLE & NAME  
D  
Daniel A Amyx  
STREET ADDRESS  
705 S. 8th Street  
CITY-ST-ZIP  
Ft. Pierce FL 34950 8507 ☒ Change ☐ Addition

TITLE & NAME  
V  
BEASLEY, SHARRON  
STREET ADDRESS  
109 E JERSEY AVENUE  
CITY-ST-ZIP  
BRANDON FL 33510 ☒ Delete

TITLE & NAME  
T  
Lara Williams  
STREET ADDRESS  
705 S. 8th Street  
CITY-ST-ZIP  
Ft. Pierce FL 34950 8507 ☐ Change ☒ Addition

TITLE & NAME  
ST  
LINDSTROM, JOYCEE  
STREET ADDRESS  
4119 4TH AVE, SOUTH  
CITY-ST-ZIP  
ST PETERSBURG FL 33711 ☐ Delete No change

TITLE & NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE & NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE & NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE & NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE & NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE & NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE & NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

Signature and typed or printed name of signing officer or director

24 July 2002 772 466 7950

Date

Daytime Phone #

FILED  
Aug 08, 2002 8:00 am  
Secretary of State

07-29-2002 90007 003 \*\*\*\*61.25

41097



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)