## 2003 FOR PROFIT CORPORATION

## Feb 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 577699 **DOCUMENT #** 1. Entity Name 02-28-2003 90118 003 \*\*\*150.00 PROPERTY WORLD INC. Principal Place of Business Mailing Address 318 BAYOU BLVD 318 BAYOU BLVD PENSACOLA FL 32503 PENSACOLA FL 32503 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1833740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCKER, JOHN R Street Address (P.O. Box Number is Not Acceptable) 318 BAYOU BLVD PENSACOLA FL 32503 City 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RELE ☐ Delete TITLE ☐ Change Addition Tucker, John R NAME NAME 318 BAYOU BLVD STREET ADDRESS STREET ADDRESS CITA'-ST-ZIP PENSACOLA, FL 00000 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition TUCKER, OUIDA G NAME NAME STREET ADDRESS 318 BAYOU BLVD STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE Delete TITLE [ ] Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR P

☐ Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition

FILED