

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 589070

1. Entity Name

WORLD PUBLICATIONS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90161 009 ***150.00

Principal Place of Business

Mailing Address

~~330 WEST CANTON (32789)~~

~~330 WEST CANTON (32789)~~

~~P. O. BOX 2456~~

P. O. BOX 2456

WINTER PARK FL 32789

WINTER PARK FL 32790-2456

2. Principal Place of Business

3. Mailing Address

460 N. Orlando Ave

PO Box 2456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State
Winter Park FL

City & State
Winter Park FL

Zip

Country

32789

US

Zip

Country

32790-2456

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1860120

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

SNOW, TERRY
1486 ALABAMA
WINTER PARK FL 32789

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SNOW, TERRY L.	
STREET ADDRESS	1486 ALABAMA	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 407 628-4802
Date Daytime Phone #

CR2E034 (9/99)