

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 642394

1. Entity Name
IT'S A SMALL WORLD II, INCORPORATED

Principal Place of Business
5515 RAMONA BLVD.
JACKSONVILLE FL 32205

Mailing Address
5515 RAMONA BLVD.
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1952866

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

RAUSCH, LAWRENCE R.
1027 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WRIGHT, VICKIE R.	
STREET ADDRESS	6837 GOLFVIEW ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, G SCOTT	
STREET ADDRESS	1725 LINARES WAY	
CITY-ST-ZIP	JAX FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STANLEY, MICHAEL A	
STREET ADDRESS	6595 SANJUAN AVE 63	
CITY-ST-ZIP	JAX FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DENNIS C WRIGHT	
STREET ADDRESS	6837 GOLFVIEW ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VS	<input type="checkbox"/> Delete
NAME	Reese Stanley	
STREET ADDRESS	283 Willow Green Dr	
CITY-ST-ZIP	Orange Park, Fl 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

9047828580

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)