

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50563

1. Entity Name

EDWARD WORTH, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90144 049 ***150.00

Principal Place of Business

Mailing Address

700 MICHAELS CT
STUART FL 33996
US

700 MICHAELS CT
STUART FL 32159-8552
US

701502



2. Principal Place of Business

1213 CAMERO DR.

3. Mailing Address

1213 CAMERO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

THE VILLAGES, FL

City & State

THE VILLAGES, FL

4. FEI Number

59-2311765

Applied For

Not Applicable

Zip

32159

Country

USA

Zip

32159

Country

USA

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

WORTH, EDWARD
700 MICHAELS CT
SUITE 120-2
STUART FL 34996

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 EDWARD L. WORTH ST

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

Edward L. Worth

(NOTE: Registered Agent signature required when reinstating)

1/8/00

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 ST ☐ Delete
NAME WORTH, EDWARD
STREET ADDRESS 700 MICHAELS CT
CITY-ST-ZIP STUART FL

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

TITLE P ☐ Delete
NAME WORTH, MARILYN H
STREET ADDRESS 700 MICHAELS CT
CITY-ST-ZIP STUART FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Edward L. Worth EDWARD L. WORTH 1/8/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-259-1964

CR2E034 (9/99)