

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44151

1. Entity Name

WORLDWIDE SUPPLY IMPORT & EXPORT, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90087 046 ***150.00

Principal Place of Business

Mailing Address

ROUTE 3 BOX 103 C
WESTVILLE FL 32464
US

ROUTE 3 BOX 103C
WESTVILLE FL 32464-3130
US

2. Principal Place of Business

3. Mailing Address

2016 Mt. Pleasant Rd.
Suite, Apt. #, etc.

2016 Mt. Pleasant Rd.
Suite, Apt. #, etc.

City & State

City & State

Westville, FL.

Westville, FL.

Zip 32464

Country U.S.

Zip 32464

Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0084949

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

SMITH, JERRY
ROUTE 3 BOX 103C
WESTVILLE FL 32464

Name

Jerry Smith

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

2016 Mt. Pleasant Rd.

City

Westville

FL

Zip Code

32464

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

Jerry Smith

JERRY SMITH

2-28-00

Signature, type 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 NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JERRY ROUTE 3 BOX 103C WESTVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY SMITH 2016 Mt. Pleasant Rd. Westville, FL. 32464	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jerry Smith

JERRY SMITH

2-28-00/850-956-2267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)