

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91488 029 ***158.75

DOCUMENT # L47349

1. Entity Name

WORLD INVESTMENT NETWORK, INC.

Principal Place of Business

**7121 FAIRWAY DRIVE STE 202
 WEST PALM BEACH FL 33418-3764**

Mailing Address

**7121 FAIRWAY DRIVE STE 202
 WEST PALM BEACH FL 33418-3764**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens

Zip

Country

Zip

Country

4. FEI Number

65-0206725

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, JOHN P.

~~1208 U.S. HIGHWAY ONE~~

NORTH PALM BEACH FL 33408-0540

7. Name and Address of New Registered Agent

Name

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

7121 FAIRWAY DRIVE Suite 202

Palm Beach Gardens

FL

Zip Code

33418-3764

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, 2002 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	DPS WALSH, JOHN P. 7121 FAIRWAY DRIVE STE 202 PALM BEACH GARDENS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WALSH, DENIS 7121 FAIRWAY DRIVE STE 202 PALM BEACH GARDENS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/02
 Date

561 472-2000
 Daytime Phone #

CR2E034 (9/01)