

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90302 013 ****55.00

DOCUMENT # M01000002850

1. Entity Name
WORLD CHANGERS, LLC



Principal Place of Business

**2 PONDS EDGE DR.
CHADDS FORD PA 19317**

Mailing Address

~~2 PONDS EDGE DR.~~
~~CHADDS FORD PA 19317~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chadds Ford, PA

Zip

Country

Zip

19317

Country

USA

4. FEI Number

23-3100726

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Brandywine Financial Services Corporation c/o Bruce E. Moore

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

2631 McCormick Drive, Suite 101

City

Clearwater

FL

Zip Code

33759

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MOORE, BRUCE E
2 POND'S EDGE DRIVE
CHADDS FORD PA 19317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

JAN 13 2003

Date

(610) 388-9600

Daytime Phone #

CR2E083 (10/02)