2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M98977

1. Entity Name

WORLD CLASS CHARTERS, INC.

Principal Place of Business	Mailing Address
292 S. COUNTY ROAD	292 S. COUNTY ROAD
SUITE 134	SUITE 134
PALM BEACH FL 33480	PALM BEACH FL 33480

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0131136   ☐ 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
FULTON, POLLY	Name
292 S. COUNTY ROAD	Street Address (P.O. Box Number is Not Acceptable)
SUITE 134	
PALM-BEACH FL 33480	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, 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

	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FULTON, POLLY		NAME	
STREET ADDRESS	292 S. COUNTY ROAD, STE. 134		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	
TITLE	P	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	FULTON, CHARLES K.		NAME	
STREET ADDRESS	292 S. COUNTY ROAD, STE. 134		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	*Pres. Treasurer* ☑ Change ☐ Addition
NAME	FULTON, RODNEY L		NAME	*Fulton, Rodney L.*
STREET ADDRESS	292 S. COUNTY ROAD, STE. 134		STREET ADDRESS	*292 S. County Rd. Suite 134*
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	*Palm Beach Florida 33480*
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FULTON, P. MARINE		NAME	
STREET ADDRESS	292 S. COUNTY ROAD, STE. 134		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *Polly Fulton Pres.*   4/24/2002   954-492-5263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/01)