

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90338 036 \*\*\*\*70.00

**DOCUMENT # N00000006017**

1. Entity Name  
**WORLD OF WONDERS, INC.**



Principal Place of Business

**3302 S E FORD LANE  
PORT ST. LUCIE FL 34984**

Mailing Address

**3302 S E FORD LANE  
PORT ST. LUCIE FL 34984**

**90011265**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**World of Wonders Inc**  
Suite, Apt. #, etc.

3. Mailing Address

**3302 SE Ford Ln.**  
Suite, Apt. #, etc.

City & State

**Port St. Lucie FL**

City & State

**Port St. Lucie FL**

4. FEI Number **65-1042907**

☒ Applied For  
☒ Not Applicable

Zip **34984**

Country **St. Lucie**

Zip **34984**

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

**HAMMOCK, MARIA S  
3302 S E FORD LANE  
PORT ST. LUCIE FL 34984**

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. 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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **HAMMOCK, MARIA S**  
STREET ADDRESS **3302 S E FORD LANE**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

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

TITLE **D** ☐ Delete  
NAME **LANNING, DAWN**  
STREET ADDRESS **328 ELMWOOD DRIVE**  
CITY-ST-ZIP **WINSTON-SALEM NC 27127**

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

TITLE **D** ☐ Delete  
NAME **SHOUSE, JAMIE**  
STREET ADDRESS **1633 VILLAGE PLACE**  
CITY-ST-ZIP **WINSTON-SALEM NC 27127**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (10/02)