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

DOCUMENT # N0100003887

1. Entity Name



FILED
Aug 07, 2003 8:00 am |
Secretary of State
08-07-2003 90123 007 ****61.25

SIGHTING	THE WORLD FOUNDATION,	INC.			-07-2003 90123 00	701.23
Principal Place of Business 23801 MERANO CT.#202 BONITA SPRINGS FL 34134		Mailing Address 23801 MERANO CT.#202 BONITA SPRINGS FL 34134				
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2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	······································		HECK HERE IF MAKING	CHANGES
City & Stat	te	City & State	₹.	4. FEI Number 65-	1007927	Applied For
Zip	Country	Zip	Country	5. Certificate of State		Not Applicable 8.75 Additional
	6. Name and Address of Current I	Registered Agent		7. Name and Addre		ee Required
			Name		ss of New Registered A	The Control of the Co
	OA, MANNY CPA		Street Addres	ss (P.O. Box Number is No	t Acceptable)	<u> </u>
	AMBRA CIRCLE Gables FL 33134	• .	<u> </u>			·
OOINE	CAPLES I C 00 104	·	City	<u></u>	FL	Zip Code
8. The above	e named entity submits this statement for	the purpose of changing its	reaistered office or reais	stered agent, or both, in the		miliar with, and accept
	itions of registered agent.					
,4	* :	•				j
SIGNATURE	: Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signature requ	ired when reinstating)	DATE	
3. 3.						
	FILE NOW: FEE IS \$61:25 tember 10, 2003, min will be \$2:	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Florida Departi	
3 ag.	tember 10, 2003, min will be \$2:	36.25 Trust Fund Co		Added to Fees	Florida Departi	ment of State
After Sept	OFFICERS AND DIR	36.25 Trust Fund Co	11.	Added to Fees	Florida Departi	ment of State
After Sept	tember 10, 2003, min will be \$2:	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANGES	Florida Departi	ment of State ECTORS IN 10 Change
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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 accordate 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: 1

9/5/03

Attachment# 80136988 No100003887



PLEASE NOTE:
WE WERE TOLD THAT
SINCE THIS WAS A
CHARITY WE WOULD
NOT BE CHARGED
THIS FEE.
PLEASE
LUMIGAL

ADVISE .