2003 FOR PROFIT CORPORATION

6491 POWERS AVE.

JACKSONVILLE FL 32217

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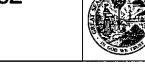
JACKSONVILLE FL 32217



May 13, 2003 8:00 am Secretary of State 05-13-2003 90048 017 ***150.00

FILED

DOCUMEN I #	P00000003062	
WORLD ONE CONSU	LTING, INC.	
Principal Place of Business	Mailing Address	***************************************



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3617854 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CERMIN, CHRISTINA Street Address (P.O. Box Number is Not Acceptable) 6491 POWERS AVE. JACKSONVILLE FL 32217 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete CERMIN, JOSIP NAME * NAME STREET ADDRESS 6491 POWERS AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL³ 32217 CITY-ST-ZIP TITLE ☐ Change Addition **VPST** ☐ Delete TITLE' CERMIN, CHRISTINA NAME NAME STREET ADDRESS STREET ADDRESS 6491 POWERS AVENUE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/02)