

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

04-19-2001 90062 010 ***150.00
 05-02-2001 90108 047 ***150.00

DOCUMENT # **P00000015397**

1. Entity Name

WORLD SERVICES LIMITED, INC

Principal Place of Business

Mailing Address

2132 HESS DR
HOLIDAY FL 34691

2. Principal Place of Business

3. Mailing Address

2132 HESS DR

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLIDAY FL

4. FEI Number

593624483

Applied For

Not Applicable

Zip

Country

Zip

Country

34691

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0060902

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL + UTRERA
343 ALMERIA AVE.
CORAL GABLES FL 33134

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.

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, 2001 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

TITLE **PRES.** ☐ Delete
 NAME **STEVEN A. SCHICK**
 STREET ADDRESS **2132 HESS DR**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **PRES.** ☐ Change ☐ Addition
 NAME **S. A. SCHICK**
 STREET ADDRESS **2132 HESS DR**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☐ Addition
 NAME **S. A. SCHICK**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☐ Addition
 NAME **S. A. SCHICK**
 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 **7279388866**
 Date Daytime Phone #

CR2E034 (11/00)