

2002 UNIFORM BUSINESS REPORT (UBR)

0108957 AV

DOCUMENT # P00000026025

1. Entity Name

WORLD CLASS ENTERPRISES, INC.

FILED

02 JUN 28 RM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17 S. ORANGE AVE.
ORLANDO FL 32801

Mailing Address

7949 WELLSMERE CIR
ORLANDO FL 32-8335

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

VINCIGUERRA, ALISON
7949 WELLSMERE CIR
ORLANDO FL 32835

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

TITLE P ☐ Delete

NAME VINCIGUERRA, ALISON
STREET ADDRESS 9949 WELLSMERE CIR
CITY-ST-ZIP ORLANDO FL 32835

TITLE ST ☐ Delete

NAME VINCIGUERRA, ALISON
STREET ADDRESS 7949 WELLSMERE CIR
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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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

Date

Daytime Phone #

CR2E034 (9/01)

407-701-2548
407-2921041