

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED PAGE 1 of 2

DOCUMENT # P00000026877

1. Entity Name
World Wide Questions of Penellas, Inc.

01 AUG -3- AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3860 Wellington PKY - Same
Palm Harbor, FL 34685

2. Principal Place of Business 3. Mailing Address
3860 Wellington PKY
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Palm Harbor, FL FL
Zip Country Zip Country
34685 USA Pinellas County

4. FEI Number Applied For
593632566 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
John Panapolis
3860 Wellington PKY
Palm Harbor, FL 34685

7. Name and Address of New Registered Agent
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 *John Panapolis* DATE
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	JOHN PANAPOLIS
CITY-ST-ZIP	3860 WELLINGTON PKY PALM HARBOR, FL 34685
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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****193.75 ****150.00

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: *John Panapolis* Date: 8/3/01 727-786-6626 Daytime Phone #

CR2E034 (11/00)

Page 202

8/3/01

Ref: P00000024877

To Whom it may Concern,

I have not received from the State of Florida the first Annual Report & requested a copy in early July. I still have not received this paperwork. I now have driven from Pinellas County to Tallahassee to resolve this matter today 8/3/01

Sincerely
Tom Parn