

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062039

1. Entity Name

WORLD INTERNATIONAL PEOPLE ENTERPRISE, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90050 040 ***150.00

Principal Place of Business

11766 CHESTNUT OAK DR. EAST
JACKSONVILLE FL 32218

Mailing Address

11766 CHESTNUT OAK DR. EAST
JACKSONVILLE FL 32218

2. Principal Place of Business

Same

3. Mailing Address

838 Tammy Cove Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jak. FL.

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

32218

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WADE, OMAR E
11766 CHESTNUT OAK DR. EAST
JACKSONVILLE FL 32218

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

TITLE PD ☐ Delete
NAME WADE, OMAR E
STREET ADDRESS 11766 CHESTNUT OAK DR. EAST
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☐ Delete
NAME IRBY, EDWARD D
STREET ADDRESS 1734 BARBADOS LANE
CITY-ST-ZIP ST. LOUIS MO 63136

TITLE D ☐ Delete
NAME WADE, ARTHUR E
STREET ADDRESS 838 TAMMY COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32218

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 UP ☐ Change ☒ Addition
NAME AILEYNE KENNETH W
STREET ADDRESS 1032 TORTOISE WAY
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ Change ☒ Addition
NAME AILEYNE PATRICIA W
STREET ADDRESS 5130 PLUMOSA ST
CITY-ST-ZIP Spring Hill FL 34607-2421

TITLE P ☒ Change ☐ Addition
NAME Wade, Omar E.
STREET ADDRESS 838 Tammy Cove Ln.
CITY-ST-ZIP Jacksonville, FL. 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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/ /01 (904) 757-0260
Date Daytime Phone #

CR2E034 (10/00)