

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90025 011 ***150.00

DOCUMENT # P00000062039

1. Entity Name

WORLD INTERNATIONAL PEOPLE ENTERPRISE, INC.

Principal Place of Business

**11766 CHESTNUT OAK DR. EAST
 JACKSONVILLE FL 32218**

Mailing Address

**838 TAMMY LOVE LN
 JACKSONVILLE FL 32218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3718214**
APPLIED FOR

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Wade, Omar E**
 STREET ADDRESS **11011 Harts Rd #805**
 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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE **VP** ☐ Delete
 NAME **ALLEYNE, KENNETH W**
 STREET ADDRESS **1032 TORTOISE WAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE **D** ☐ Delete
 NAME **ALLEYNE, PATRICK W**
 STREET ADDRESS **5130 PLUMOSA ST**
 CITY-ST-ZIP **SPRING HILL FL 34607-2421**

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

3/15/02

Daytime Phone #

CR2E034 (9/01)