



FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90146 018 ***150.00

*Please note: I got married 1-1-03 and now
 Printed this off your WEB. I will be*

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000084940					
1. Entity Name MCGILL WORLDWIDE, INC.					
Principal Place of Business 11388 WATERFORD VILLAGE DR. FT. MYERS, FL 33913			Mailing Address 11388 WATERFORD VILLAGE DR. FT. MYERS, FL 33913		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 85-1038450	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCGILL, SHEILA R 11388 WATERFORD VILLAGE DR. FT. MYERS, FL 33913				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		NOTE: Registered Agent's name required when electing		DATE	
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGILL, SHEILA		NAME		
STREET ADDRESS	11388 WATERFORD VILLAGE DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	FT. MYERS, FL 33913		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sheila Bartz</i>		Date: <i>4-9-03</i>		Change Phone #	

*New address
 9815 Rocky Bank Dr.
 Naples FL 34109-
 60018683*



CHECK HERE IF MAKING CHANGES

CH2E104 (1/02)

*Mailed
 4-9-03*