

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90263 040 ***150.00

DOCUMENT # P00000092461

1. Entity Name

CD WORLD INTERNATIONAL, INC.

Principal Place of Business

**4556 SOUTH MANHATTAN AVENUE
 SUITE 1
 TAMPA FL 33611**

Mailing Address

**4556 SOUTH MANHATTAN AVENUE
 SUITE 1
 TAMPA FL 33611**

2. Principal Place of Business

2701 W. BUSCH BLVD

3. Mailing Address

2701 W. BUSCH BLVD

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

U.S.A.

Zip

33618

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3679828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CRYSTALOGIC, INC.
 7558 CENTRAL PARK CIRCLE
 TAMPA FL 33637**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PT PINILLA, HENRY 17902 LAKE CARLTON DRIVE LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICKMAN, ANDREA L 17902 LAKE CARLTON DRIVE LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

30 APRIL/02

813-923129

Date

Daytime Phone #

CR2E034 (9/01)