

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

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90114 004 \*\*\*150.00

DOCUMENT # P01000115250

1. Entity Name

World Solutions, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

38 St. George Place

3. Mailing Address

38 St. George Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, Florida

City & State

Palm Beach Gardens, Florida

4. FEI Number

22-3850853

Applied For

Not Applicable

Zip

33418

Country

Palm Beach

Zip

33418

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DAVID L. EDWARDS**

Street Address (P.O. Box Number is Not Acceptable)

38 St. George Place

City **Palm Beach Gardens**

**FL**

Zip Code  
**33418**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-23-03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P, VP, S, T and Director  
**DAVID L. EDWARDS**  
38 St. George Place  
Palm Beach Gardens, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID L. EDWARDS**

**1-23-03**

Date

Daytime Phone #

CR2E034B (12/02)