

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90102 043 ***150.00

DOCUMENT # P02000094593

1. Entity Name
PUBWORLD, INC.



Principal Place of Business
**4301 GULF SHORE BLVD NORTH STE 1404
NAPLES FL 34103**

Mailing Address
**4301 GULF SHORE BLVD NORTH STE 1404
NAPLES FL 34103**

2. Principal Place of Business
851 Fifth Avenue North

3. Mailing Address
851 Fifth Avenue North

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

City & State
Naples, FL

City & State
Naples, FL

Zip
34102

Country
USA

Zip
34102

Country
USA

4. FEI Number
02-0641022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEILL, WILLIAM E
C/O ROETZEL & ANDRESS
850 PARK SHORE DRIVE THRID FLOOR
NAPLES FL 34103**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **President/Secretary**
STREET ADDRESS **Leslie C. Norins**
CITY-ST-ZIP **4301 Gulfshore Blvd., N., #1404
Naples, FL 34103**

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

TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Ann H. Norins**
CITY-ST-ZIP **4301 Gulfshore Blvd., N., #1404
Naples, FL 34103**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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: **LESIE C. NORINS**
PRESIDENT

3/17/03 239/262-0825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)