FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 20, 2002 8:00 am P93000017216 DOCUMENT # **Secretary of State** 1. Entity Name WORTH & CO., INC. 03-20-2002 90048 028 ***150 00 Principal Place of Business Mailing Address 1316 BEACH BLVD 1316 BEACH BLVD JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address 1356 Beach Boulevard 1356 Beach Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3174087 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Edward Ashurian BUSCHMAN, ALBERT E JR. Street Address (P.O. Box Number is Not Acceptable) 2215 S. 3RD ST. 1356 Beach Boulevard SUITE 101 JACKSONVILLE BEACH FL 32250 City Jacksonville Beach Zip Code 32250 8. The above named entity submits this state of changing its registered office or registered agent, or both, in the State of Florida. Edward Ashuz s/dent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete CR2E034 (9/01) TITLE TITLE Change ☐ Addition ASH, EDWARD NAME NAME 1332 BEACH BLVD. STREET ADDRESS 1356 Beach Boulevard STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE □ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is the of the corporation or the receiver of rustee employed changed, or on an attachment with an address with rhor curality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information refer by the same legal effect as if made under oath; that I am an officer or director user his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Edward Ashurian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-2002

904-242-9000

Daytime Phone #