

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90221 046 ***150.00

DOCUMENT # P93000039051

1. Entity Name

WORLD ONE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

POWERS AVENUE
JACKSONVILLE FL 32217

6491 POWERS AVENUE
JACKSONVILLE FL 32217-2821
US

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

59-3187965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSIP, CERMIN
1636 HENDRICKS AVENUE
JACKSONVILLE FL 32207

Name

Josip Cermin

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

6491 Powers Ave

City

Jacksonville

FL

Zip

32217

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	CERMIN, JOSIP	
STREET ADDRESS	6740 STRAWBERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	CERMIN, CHRISTINA	
STREET ADDRESS	6740 STRAWBERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josip Cermin	
STREET ADDRESS	13823 Schooner Point Dr	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	Vice President, Sec, Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina Cermin	
STREET ADDRESS	13823 Schooner Point Dr	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)