

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062764

1. Entity Name
AWORLD INTERNATIONAL, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90016 033 ***150.00

Principal Place of Business 40 CORKWOOD BLVD HOMOSASSA FL 34446	Mailing Address 40 CORKWOOD BLVD HOMOSASSA FL 34446-4903 US
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DO NOT WRITE IN THIS SPACE

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 65-0444516	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DANNER, PAUL
40 CORKWOOD BLVD
HOMOSASSA FL 34446

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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete DANNER, PAUL 40 CORKWOOD BLVD HOMOSASSA FL 34446	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	VP DANNER, KATHRYN 40 CORKWOOD BLVD HOMOSASSA FL 34446	STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: *Paul M. Danner* **Paul M. Danner**
Date: **2/20/00** Daytime Phone #: **(352) 382-3831**

CR2E034 (9/99)