## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 18, 2003 8:00 am

Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State,  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE PD  Country  - 5. Certificate of Status Desired  FO. Screet Address of New Registered Agent  7. Name and Address of New Registered Agent  Fo. Screet Address of New Registered Agent  Fee Required  7. Name and Address of New Registered Agent  Fo. Street Address of New Registered Agent  For Required Agent signature required when reinstating)  DATE  9. Election Campaign Financing  Trust Fund Contribution.  Added to Fees	1. Entity Na	JMENT # <b>P940</b> ASS WORLD OF NORTHW	00030807 EST FLORIDA, INC.		Secretary of S	
City & State  City & State  City & State  City & State  Country  Applied For  S. Name and Address of Current Registered Agent  F. Name and Address of Status Desired Status Desired  Strock Address (P.O. Box Number is Not Acceptable)  Strock Address (P.O. Box Number is Not Acceptable)  Strock Address (P.O. Box Number is Not Acceptable)  City  F.L. Zio Code  Strock Address (P.O. Box Number is Not Acceptable)  Strock Address (P.O. Box Number is Not Acceptable)  Diff  FILE NOW!! FEL \$150.00  After May 1, 2003 Fee will be system on a statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and acceptable of Provide and Provided Agent States and Control of Registered Agent systems registered agent, or both, in the State of Forida. I am familiar with, and acceptable of Provide and Provided Agent States and Control of Registered Agent, or both, in the State of Forida. I am familiar with, and acceptable of Provided Department of State and Control of Registered Agent, or both, in the State of Forida. I am familiar with, and acceptable of Provided Department of State and Control of Registered Agent, or both, in the State of Forida. I am familiar with, and acceptable of Provided Department of State and Control of Registered Agent, or both, in the State of Forida. I am familiar with, and acceptable of Provided Department of State and Control of Registered Agent, or both, in the State of Forida. I am familiar with, and acceptable of Provided Department of State and Control of Registered Agent, or both, in the State of Forida. I am familiar with, and acceptable of Provided Agent Agent Agent State and Control of Registered Agent, or both, in the State of Provided Agent Agent State and Control of Registered Agent, or both Agent Agent State and Control of Registered Agent Agent State and Control of Registered Agent Agent State and Control of Registere	C/O SUNGI 1915 WILSO PANAMA CI 2. Principal	LASS WORLD ON AVE. G-5 TY FL 32405 Place of Business	C/O SUNGLASS WORLD 1915 WILSON AVE. G-5 PANAMA CITY FL 32405 3. Mailing Address			
Post Application   Post Applic	City & State City & State			A ECI Number		
ADDLF, PATRICIA B 1915 WILSON AVE. G-5 PANAMA CITY FL 32405  8. The above named entity submits this statement for the purpose of changing its registered dyern explosered agent, or both, in the State of Florida. I am familier with and accept the deligations of registered agent.  **SIGNATURE**  **PRILE** **Now INT FEE S 1915 0.0  **After May 1, 2003 Fee will The STATE OF PRISON OF Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **THE NOW INT FEE S 1915 0.0  **Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **THE NAME**  ADOUF, PATRICIA B  ADOUF, PATRICIA B  ADOUF, JOHN E  1915 WILSON AVE. G-5  PANAMA CITY FL 32405  **THE ADDRESS  OITY-S1-78*  **THE ADDRESS  OITY-S	Zip	Country	Zip	Country	5 Certificate of Status Decired 58.	Not Applicable 75 Additional
ADOLF, PATRICIA B 1915 WILSON AVE. G-5 PANAMA CITY FL 32405  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and accept the particle of the obligations of regi		6. Name and Address of Currer	nt Registered Agent			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familier with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, Speak or press name of ingistered agent and ticl of application.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will the \$550.00  Make Check Payable to Florida Department of State.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CH-ANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CH-ANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  NAME  ADOLF, PATRICIA B  1915 WILSON AVE. G-5  PANAMA CITY FL 32405  ITILE  NAME  STREET ADDRESS  CITY-S1-2P  TITLE  NAME  1915 WILSON AVE. G-5  PANAMA CITY FL 32405  ITILE  NAME  STREET ADDRESS  CITY-S1-2P  TITLE	1915 WII	LSON AVE. G-5				
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$555.00 or private rate of ingetiend apont and title if applicable  FILE NOW!! FEE IS \$150.00   After May 1, 2003 Fee will be \$555.00 or private rate of ingetiend pepartnenn of State    10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME SITERET ADDRESS CITY-S1-2P  TITLE NAME 1915 WILSON AVE. G-5 PANAMA CITY FL 32405  TITLE NAME 1915 WILSON AVE. G-5 PANAMA CITY FL 32405  TITLE NAME 1915 WILSON AVE. G-5 PANAMA CITY FL 32405  TITLE NAME 1915 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1915 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1915 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1915 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1916 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1916 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1916 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1916 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1916 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1916 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1917 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON AVE. G-5 FORMAND CITY FL 32405  TITLE NAME 1918 WILSON	A The show	o pomod antitus to the day to the		'		
Signature, specior protecte and organised algorithm and protection of protection and protection of protection and protection of protection and protection of protection and protection of the			for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am famili	ar with, and accept
After May 1, 2003 Fee will be \$550.00 Added to Feese  10.	SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered Agent signature requir	red when reinstation)	
TILE NAME STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAM	Afte Make Checi	r May 1, 2003 Fee will be \$550.00	1		9. Election Campaign Financing	\$5.00 May Be Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP	<del></del>		<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ADOLF, PATRICIA B 1915 WILSON AVE. G-5	□ Delete	NAME STREET ADDRESS	<u>-</u>	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ADOLF, JOHN E 1915 WILSON AVE. G-5	☐ Delete	NAME STREET ADDRESS	□ c	hange Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	CI	nange
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CHAnge Addition Addition Addition Addition Change Addition	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	□ ci	nange
NAME    Change   Addition	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	□ Ch	ange 🗖 Addition
THE EMPLOY AND IN THE HEALTH SHOULD SHOULD THE THE THE SAME SAME AND A SAME SAME SAME SAME SAME SAME SAME SA	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		NAME Street Address City-St-Zip		ange Addition

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or flustee empowered to execute that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment withan address, with all other like empowered.

SIGNATURE: \

3/14/03 (850) 763-7210