

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0415435 AV

**DOCUMENT # P94000058270**

1. Entity Name  
**AFRICAN WORLD SAFARIS, INC.**



04-14-2003 90794 001 \*\*\*150.00  
04-14-2003 90794 002 \*\*\*\*\*8.75

Principal Place of Business  
**1850 HOMEWOOD BLVD  
STE 402  
DELRAY BEACH FL 33445  
US**

Mailing Address  
**1850 HOMEWOOD BLVD  
STE 402  
DELRAY BEACH FL 33445  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0516247**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HUMPHREYS, DAWN  
1850 HOMEWOOD BLVD  
STE 402  
DELRAY BEACH FL 33445**

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

**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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **HUMPHREYS, Y.M. DAWN**  
STREET ADDRESS **1850 HOMEWOOD BLVD #402**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **V** ☐ Delete  
NAME **HUMPHREYS, ANTHEA G**  
STREET ADDRESS **1850 HOMEWOOD BLVD #402**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 10, 2003*  
Date Daytime Phone #

CR2E034 (10/02)

attachment

P94000058270

April 10/03

880.25329

FL Dept. of State  
Div. of Capaction  
Uniform Business Refal Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs

Attached are two checks;

1. Check No. 1202 for \$150.00 dated 04/10/03  
African World Safaris, Inc.  
P94000058270  
2003 For Profit Capaction Fees
2. Check No. 1203 for \$8.75 dated 04/10/03  
Cert. of Status Fee for 2003  
African World Safaris, Inc.

Please ensure I get my Cert. of Status  
~~submitted~~ to my address as so many  
times I have paid for same & not  
received it

Thank you for your kind cooperation  
in this matter

Sam Thompson  
President

African World Safaris, Inc.