

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90373 012 ***150.00

DOCUMENT # P95000066658

1. Entity Name
WORD FOR WORD, INC.

Principal Place of Business 8131 SEVEN MILE DRIVE PONTE VEDRA BEACH FL 32082	Mailing Address POST OFFICE BOX 2902 PONTE FEDRA BEACH FL 32004-2902
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 486 S. Mill View Way Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, FL		City & State	
Zip 32082	Country St. Johns	Zip	Country

4. FEI Number 59-3333032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**ROBINSON, SUZANNE R
 8131 SEVEN MILE DRIVE
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent
 Name: **Suzanne R. Robinson**
 Street Address (P.O. Box Number is Not Acceptable): **486 S. Mill View Way**
 City: **Ponte Vedra Beach** FL Zip Code: **32082**

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: *Suzanne R. Robinson* **SUZANNE R. ROBINSON** **2/6/01**
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROBINSON, SUZANNE R POST OFFICE BOX 2902 N/A PONTE VEDRA BEACH FL 32004-2902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ROBINSON, GEORGE M POST OFFICE BOX 2902 N/A PONTE VEDRA BEACH FL 32004-2902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzanne R. Robinson* **SUZANNE R. ROBINSON** **2/6/01** **904 285 8579**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)