

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90350 010 ***150.00

DOCUMENT # P95000080973

1. Entity Name

WORLD CARD TECHNOLOGY MAGAZINE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 W LAKE MARY BLVD

3. Mailing Address

1899 LK MARKHAM

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

PRESERVE TRAIL

DO NOT WRITE IN THIS SPACE

City & State

LAKE MARY, FLORIDA

City & State

SANFORD, FLORIDA

4. FEI Number

59-3340875

Applied For

Not Applicable

Zip

32746

Country

US

Zip

32771

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HENRY N DREIFUS

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

1899 LK MARKHAM PRESERVE TRAIL

City

SANFORD

FL

Zip Code

32771

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME DREIFUS, HENRY N
STREET ADDRESS 1899 LK MARKHAM PRESERVE TR
CITY - ST - ZIP SANFORD, FL 32771

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry N Dreifus

HENRY N DREIFUS

04-26-02 407 585-2840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)