## \_2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000085327 1. Entity Name OD AUG 29 AM 9: 27 World Exploration and trading Co. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 100 N. JEFFERSON ST. P.O. BOX 6146 MONTICELLO FL 32344 TALLAHASSEE FL 32314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. Applied For City & State City & State 4. FE! Number 59-3355345 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASSETT, THOMAS JACK Street Address (P.O. Box Number is Not Acceptable) 100 N. JEFFERSON ST. MONTICELLO FL 32344 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition **PST** TITLE Delete TITLE NAME BASSETT, THOMAS JACK NAME STREET ADDRESS STREET ADDRESS 100 N. JEFFERSON ST. CITY-ST-7IP CITY-ST-ZIP **MONTECELLO FL 32344** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Detete 2000033756**829-**--08/29/00--01003--010 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

8-29-00

I thoman I Bassett I did not receive my first notice to file my annual report for the "Zald Exp & Tracking Go."

Thomas Jan Bands
P.O. Box 6146
Todahanee, Fl. 22314