

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000085327**

1. Entity Name

World Exploration & Trading CO

Principal Place of Business

100 N. Jefferson ST
Monticello, Florida
32344

Mailing Address

P.O. Box 6146
Tallahassee, FL 32314

2. Principal Place of Business

100 N. Jefferson ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6146

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Tallahassee, FL

4. FEI Number

59-3353345

Applied For

Not Applicable

Zip

32344

Country

USA

Zip

32314

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

01 JUL -6 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

6. Name and Address of Current Registered Agent

Thomas Jack Bassett
P.O. Box 6146 100 N. Jefferson ST.
Tallahassee, FL 32314, FL 32344

7. Name and Address of New Registered Agent

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.

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) ☐

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	President/Officer	<input type="checkbox"/> Delete
NAME	Thomas Jack Bassett	
STREET ADDRESS	100 N. Jefferson ST	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Thomas Jack Bassett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-01

Date

Daytime Phone #

CR2E034 (11/00)

June 13, 2001

100 N. Jefferson St

Monticello, FL 32344

2082

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32349

Gentlemen:

Enclosed is a completed UBR Report. I did
not receive the preprinted form.

I have enclosed the Annual fee of \$150.-

Thank you for your assistance & cooperation on
this matter.

Thomas Jack Bassett, President/Officer
Thomas Jack Bassett

ENCLOSURE