

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 01, 2001 8:00 am
Secretary of State

02-03-2001 90014 048 ***150.00

DOCUMENT # P96000035292

1. Entity Name

WORLD POSTERS, INC.

Principal Place of Business

Mailing Address

~~150 E PALMETTO PARK ROAD~~ **51 Glades Rd** ~~150 E PALMETTO PARK ROAD~~ **P.O. Box D600**
~~BOCA RATON FL 33432~~ **Boca Raton, FL** ~~BOCA RATON FL 33432~~ **33429**
~~US~~ **33432** ~~US~~

2. Principal Place of Business

3. Mailing Address

51 Glades Rd **P.O. Box D600**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Boca Raton, Florida **Boca Raton, Florida**

Zip **33432**

Country **USA**

Zip **33429**

Country **USA**

4. FEI Number **65-0669817**

Applied For
Not Applicable

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

GALISON, FREDERICK
915 DOGWOOD DR
DELRAY BEACH FL 33445

4101 N. Ocean Blvd.
~~**P.O. Box D600**~~
Boca Raton, FL 33431

Name **Garrison, Frederick**
Street Address (P.O. Box Number is Not Acceptable)
4101 N. Ocean Blvd.
City **Boca Raton** **FL** Zip Code **33431**

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 **Frederick Garrison**

1/30/01

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: ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GALISON, FREDERICK**
STREET ADDRESS **915 DOGWOOD DR**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☐ Addition
NAME **P.O. Box D600**
STREET ADDRESS **Boca Raton, FL 33429**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 officers empowered.

SIGNATURE: **Fred Garrison**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01 (561) 395-2262

CR2034 (10/00)