2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an,

, with all other like empowered.

J KENNETH

FILED DOCUMENT # **P96000049070** Apr 24, 2000 8:00 am Secretary of State WORLD TRADENET, INC. 04-24-2000 90116 004 ***150.00 Principal Place of Business Mailing Address 800 2ND AVE S SUITE 340 800 2ND AVE S SUITE 340 ST PETERSBURG FL 33701-4026 ST PETERSBURG FL 33701 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3383713 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKER, J K Street Address (P.O. Box Number is Not Acceptable) 800 2ND AVE S SUITE 340 ST PETERSBURG FL 33701 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change Delete TITLE TITLE NAME PARKER, J K NAME STREET ADDRESS STREET ADDRESS 800 2ND AVE SO #340 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 🔲 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition NAME STREET ADDRESS 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 trustoe expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 if Slock 10

PARKER