

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90351 012 \*\*\*150.00

**DOCUMENT # P96000049070**

1. Entity Name  
**WORLD TRADENET, INC.**

Principal Place of Business

800 2ND AVE S SUITE 340  
 ST PETERSBURG FL 33701

Mailing Address

800 2ND AVE S SUITE 340  
 ST PETERSBURG FL 33701

2. Principal Place of Business

ONE BEACH DRIVE, S.E.

Suite, Apt. #, etc.

301-C

City & State

ST PETERSBURG FL

Zip

33701

Country

USA

3. Mailing Address

ONE BEACH DRIVE, S.E.

Suite, Apt. #, etc.

301-C

City & State

ST PETERSBURG FL

Zip

33701

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3383713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PARKER, J K  
 800 2ND AVE S SUITE 340  
 ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

PARKER, J KENNETH

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

ONE BEACH DRIVE, S.E.

301-C

City

ST PETERSBURG FL

Zip Code

33701

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

*J. Kenneth Parker*  
 Signature, typed or printed name of registered agent and title if applicable

J. KENNETH PARKER

4-16-01

(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	P	<input type="checkbox"/> Delete
NAME	PARKER, J K	
STREET ADDRESS	800 2ND AVE SO #340	
CITY-ST-ZIP	ST PETERSBURG FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	ONE BEACH DRIVE, S.E.
CITY-ST-ZIP	ST PETERSBURG, FL 33701
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:

*J. Kenneth Parker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. KENNETH PARKER, 4-16-01

Date

727 595 6058

Daytime Phone #

CR2E034 (10/00)