

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000073105**

1. Entity Name

WORLD IMPORT DEPOT, INC.**FILED**
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90225 043 ***150.00

Principal Place of Business

12704 DUPONT CIRCLE
TAMPA FL 33626

Mailing Address

P.O. BOX 12218
OLDSMAR FL 34677-6801

2. Principal Place of Business

4027 Tampa Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3000

City & State

Oldsmar FL

City & State

4. FEI Number

59-3399896

Applied For

Not Applicable

Zip

34677

Country

Pinellas

Zip

Country

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

KEY, DAVID B
12704 DUPONT CIRCLE
TAMPA FL 33626

Name

Key, David
Street Address (P.O. Box Number is Not Acceptable)4027 Tampa Rd.
Suite 3000

City

Oldsmar

FL

Zip Code

34677

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME D
STREET ADDRESS MCKAY, RICK
CITY-ST-ZIP 12704 DUPONT CIRCLE
TAMPA FL 33626TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4027 Tampa Rd Suite 3000
CITY-ST-ZIP Oldsmar FL 34677TITLE ☐ Delete
NAME D
STREET ADDRESS KEY, DAVID B
CITY-ST-ZIP 12704 DUPONT CIRCLE
TAMPA FL 33626TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4027 Tampa Rd Suite 3000
CITY-ST-ZIP Oldsmar FL 34677TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-00

Daytime Phone #

813-855-8850

CR2E034 (9/99)