

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073388

1. Entity Name
WORM WORLD, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90089 035 ***150.00

Principal Place of Business 12425 NW CR 231 GAINESVILLE FL 32609 US	Mailing Address 12425 NW CR 231 GAINESVILLE FL 32609-4037 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-35 15546		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WINDLE, HARRY 12425 NW CR 231 GAINESVILLE FL 32609				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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDLE, HARRY N	NAME	HARRY N. Windle	NAME		NAME	
STREET ADDRESS	7070 NW 23 WAY	STREET ADDRESS	12425 NW CR 231	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	GAINESVILLE, FL 32609	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLEY, BRENT C	NAME		NAME		NAME	
STREET ADDRESS	7070 NW 23 WAY	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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: *Harry N. Windle* **HARRY N. WINDLE** Date: **2/28/00** Daytime Phone #: **352 485 1235**

CR2E034 (9/99)