

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019599

1. Entity Name

WORLD MATCH LIMITED, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90313 036 ***158.75

048865



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6327 4 ARGYLE FOREST BLVD JACKSONVILLE FL 32244	Mailing Address 6327 4 ARGYLE FOREST BLVD JACKSONVILLE FL 32244
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1590 ARAPAHO AVE. Suite, Apt. #, etc.
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City & State ST. AUGUSTINE, FL.	City & State ST. AUGUSTINE, FL.
Zip 32086	Country U.S.A.

4. FEI Number 59-3429876	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNELIUS, MARCUS M III
 1590 ARAPAHO AVENUE
 ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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. (See criteria on back) <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	D CORNELIUS, MARCUS M III 1590 ARAPAHO AVE ST AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, THOMAS M III 6327 4 ARGYLE FOREST BLVD JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: 7-20-00 Daytime Phone #: 904-826-4005

CR2E034 (9/99)