

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000066682****1. Entity Name**
WORLD BUSINESS SERVICES, INC.

Principal Place of Business 524 LONGMEADOW ST CELEBRATION FL 34747	Mailing Address 524 LONGMEADOW ST CELEBRATION FL 34747
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2. Principal Place of Business 524 LONGMEADOW ST Suite, Apt. #, etc.	3. Mailing Address 524 LONGMEADOW ST Suite, Apt. #, etc.
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City & State CELEBRATION FL	City & State CELEBRATION FL
Zip 347474650	Country

4. FEI Number 59-3450263	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLAGERBERG TY M
524 LONGMEADOW ST

CELEBRATION FL 34747**7. Name and Address of New Registered Agent**Name
LAGERBERG TY M
Street Address (P.O. Box Number is Not Acceptable)
524 LONGMEADOW ST

City
CELEBRATION FL Zip Code
347474650**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)**05/01/2000**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 State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGERBERG NANCY A 524 LONGMEADOW ST CELEBRATION FL 34747	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGERBERG TY M 524 LONGMEADOW ST CELEBRATION FL 34747	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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** Ty M. Lagerberg

D 05/01/2000