

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087312

1. Entity Name

PAN WORLD RESOURCES CORPORATION

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

05-04-2000 90210 001 ***300.00

Principal Place of Business

Mailing Address

5714 CLARK RD
 SARASOTA FL 34233
 US

5714 CLARK RD
 SARASOTA FL 34293-5010
 US

11511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2087 S. Tamiami Tr.
 Suite, Apt. #, etc.

2087 S. Tamiami Tr.
 Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

51-0337151

Applied For

Not Applicable

Zip

Country

34293 US

Zip

Country

34293 US

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

REYNOLDS, JOSEPH J.
 5714 CLARK RD
 SARASOTA FL 34233

Name

REYNOLDS, JOSEPH J

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

2087 S. Tamiami Tr

City

Venice

FL

Zip Code

34293

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

JOSEPH J. REYNOLDS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME REYNOLDS, JOSEPH J.
 STREET ADDRESS 5714 CLARK RD
 CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☒ Change ☐ Addition
 NAME REYNOLDS, JOSEPH J.
 STREET ADDRESS 2087 S TAMAMIAMI TR.
 CITY-ST-ZIP VENICE, FL 34293

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ 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

4/19/2000

Date

Daytime Phone #

CR2E034 (9/99)