2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED Feb 05, 2002 8:00 am DOCUMENT # P97000087312 Secretary of State 1. Entity Name 02-05-2002 90134 049 ***150 PAN WORLD RESOURCES CORPORATION Principal Place of Business Mailing Address 2087 S TAMIAMI TR 2087 S TAMIAMI TR VENICE FL 34293 VENICE FL 34293 HS 2. Principal Place of Business 3. Mailing Address 395 COMMERCIAL COURT 395 COMMERCIAL COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE D SUITE City & State Applied For 4. FEI Number City & State 51-0337151 VENICE Not Applicable FLORI DA ENICE. Country Zip \$8.75 Additional 5. Certificate of Status Desired <u> 34292</u> 34292 U.S. A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INOLDS JOSEPH J. ss (P.O. Box Number is Not Acceptable) Commercial Court REYNOLDS. REYNOLDS, JOSEPH J. 2087 S TAMIAMI TR VENICE FL 34293 Zip Code 34292 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🔅 Change . ☐ Addition ☐ Delete TITLE TITLE : REYNOLDS, JOSEPH J. 395 COMMERCIAL OT, STE D NAME REYNOLDS, JOSEPP NAME STREEY ADDRESS STREET ADDRESS 2087 S TAMIAMI TR 34292 VENICE, FL CITY-ST-ZIP VENICE FL 34293 CITY-ST-7IP ☐ Addition Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete Change ___ - . Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

LED NAME OF SIGNING OFFICER OR DIFFE