## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000092381 Mar 16, 2000 8:00 am **Secretary of State** WORLD WIDE SPORTS LADDERS, INC. 03-16-2000 90087 022 \*\*\*150.00 Principal Place of Business Mailing Address 12109 BEEFLOWER DRIVE 12108 BEEFLOWER DRIVE **BRADENTON FL 34202-2018 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0791587 Not Applicable Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wenger **AMERILAWYER** (P.O. Box Number is Not Acceptable) Street Address 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition **PSTD** TITLE TITLE ☐ Delete NAME WENGER, JEFFREY S NAME STREET ADDRESS STREET ADDRESS 12108 BEEFLOWER DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change Addition TITLE ☐ Delete TITLE NAMÉ WENGER, CAMILLA G NAME STREET ADDRESS 12108 BEEFLOWER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR