## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P97000093957 **DOCUMENT #**



## **FILED** Mar 10, 2003 8:00 am § Secretary of State

1. Entity Name PEBBLES WORLDWIDE, INC.							03-10-2003 90	0783 033	***150	0.00	
Principal Plac 601 N NEW Y SUITE 200 WINTER PARK	ORK AVE	s	Mailing Address 601 N NEW YORK AVE SUITE 200 WINTER PARK FL 32789	N NEW YORK AVE TE 200							
2. Principal Place of Business 3. Ma			. Mailing Address					0184 <b>4.0</b> 14 <b>0</b> 1010	18110   10101	OLEHE GRAF HORE	
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	ite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State	ity & State			4. FEI Number 59-3476676			Applied For Not Applicable		
Zip Country		Zip			5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name	and Address of Current Rec	istered Agent		=	7.÷N	eme and Address of New Reg	stered Ag	ent	سبب	]=
					Name						
SALTSMAN, ROBERT P ESQ. 222 S PENNSYLVANIA AVE				Street Address (P			ox Number is Not Acceptable)				1
SUITE 20	0										1
WINTER PARK FL 32789				City				FL	Zîp Cod	e	1
	named entity ions of regist		purpose of changing its	registere	ed office or regis	stered age	ent, or both, in the State of Florida	a. I am fan	niliar with,	and accept	1
SIGNATURE	Signature, typed	or printed name of registered agent and ti	de if applicable, (NOTE	: Registere	d Agent signature requ	uired when rein	nstating)	DATE			
F-	HE NOW!	I CCC 10 01E0 00									1
Afte	r May 1, 200	!_FEE_IS_\$150.00 I3 Fee will be \$550.00 Florida Department of St	nte		·		<ol> <li>Election Campaign Finant Trust Fund Contribution.</li> </ol>	cing		May Be to Fees	-
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

80.8