

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90026 047 ***150.00

DOCUMENT # P97000097974

1. Entity Name
WORLD INTERNET MARKETING SPECIALISTS, INC.

Principal Place of Business 4815 E. BUSCH BLVD., STE 208D TAMPA FL 33617	Mailing Address 4815 E. BUSCH BLVD., STE 208D TAMPA FL 33543-9242
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5438 CR 581	3. Mailing Address P.O. Box 7225
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Wesley Chapel, FL	City & State Wesley Chapel, FL
Zip 33543 Country USA	Zip 33543-7225 Country USA

4. FEI Number **59-3479647** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERTS, THOMAS L
4815 E. BUSCH BLVD., STE 208D
TAMPA FL 33617

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5438 CR 581
 City **Wesley Chapel** **FL** Zip Code **33543**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 PD	<input type="checkbox"/> Delete
NAME ROBERTS, THOMAS L	
STREET ADDRESS 10208 SHADOW BRANCH DR.	
CITY-ST-ZIP TAMPA FL 33647	
TITLE VPD	<input type="checkbox"/> Delete
NAME ROBERTS, EDYTH B	
STREET ADDRESS 10208 SHADOW BRANCH DR.	
CITY-ST-ZIP TAMPA FL 33647	
TITLE STD	<input type="checkbox"/> Delete
NAME ROBERTS, THOMAS L	
STREET ADDRESS 10208 SHADOW BRANCH DR.	
CITY-ST-ZIP TAMPA FL 33647	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas L Roberts **Thomas L Roberts** Date: **4/25/2000** Daytime Phone #: **813-973-8983**

CR2E034 (9/99)