

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90081 041 \*\*\*150.00

**DOCUMENT # P97000097974**

1. Entity Name  
**WORLD INTERNET MARKETING SPECIALISTS, INC.**

Principal Place of Business  
~~6438 CR 581~~  
**WESLEY CHAPEL FL 33543**

Mailing Address  
~~PO BOX 7225~~  
**WESLEY HILLS FL 33543**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2901 W. Busch Bl**

3. Mailing Address  
**PO Box 48723**

Suite, Apt. #, etc.  
**Suite 900**

Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State  
**Tampa FL**

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

Zip **33618** Country **Hillsborough** Zip **33647** Country **Hillsborough**

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

**ROBERTS, THOMAS L**  
**10208 SHADOW BRANCH DR**  
**TAMPA FL 33647**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Thomas L Roberts* Thomas L Roberts 4/17/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROBERTS, THOMAS L</b> <b>10208 SHADOW BRANCH DR.</b> <b>TAMPA FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ROBERTS, EDYTH B</b> <b>10208 SHADOW BRANCH DR.</b> <b>TAMPA FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ROBERTS, THOMAS L</b> <b>10208 SHADOW BRANCH DR.</b> <b>TAMPA FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>Roberts, Edyth B.</b> <b>10208 Shadow Branch Dr</b> <b>Tampa FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/17/02 813-931-4665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)