

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90059 044 ***550.00

DOCUMENT # **P97000097974**

1. Entity Name
WORLD INTERNET MARKETING SPECIALISTS, INC.



Principal Place of Business
**2901 W BUSCH BLVD
STE 900
TAMPA FL 33618**

Mailing Address
**PO BOX 48723
TAMPA FL 33647**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

10208 Shadow Branch Dr.

Suite, Apt., etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL

4. FEI Number **59-3479647**

Applied For
Not Applicable

Zip **33647** Country **USA**

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas L Roberts* **Thomas L Roberts** **8/4/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$650.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas L Roberts* **Thomas L Roberts** **8/4/03** **813-929-1676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)