2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031389

1. Entity Name
WORLD WELLNESS INTERNATIONAL, INCORPORATED

FILED
00 JUN 27 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
36555 U.S. HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36555 U.S. HWY 19 NORTH
PALM HARBOR FL 34684

5/11/00 90007/003 $150.00
59-3618019

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3618019 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, CARLOS M
8884 LONGWOOD DR.
LARGO FL 33777

7. Name and Address of New Registered Agent
Name: Tracy Boyer
Street Address (P.O. Box Number is Not Acceptable): 36555 US Hwy 19 North
City: Palm Harbor FL Zip Code: 34684

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: Tracy A Boyer, R.A.
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) ☐

[redacted]

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	PCEO GARCIA, CARLOS M 36555 US HWY 19N PALM HARBOR FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Tracy Boyer 36555 US Hwy 19 North Palm Harbor FL 34684 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAIN, JOHN T 36555 US HWY 19N PALM HARBOR FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JUNG, CATHERINE 36555 US HWY 19N PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP LAIN, ANITA D 36555 US HWY 19N PALM HARBOR FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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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: Tracy A Boyer, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #