

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90097 046 \*\*\*150.00

**DOCUMENT # P98000043424**

1. Entity Name  
**TIME WORLD OF SANFORD, INC.**

Principal Place of Business <b>TIME WORLD SEMINOLE TOWN CENTER MALL          280 TOWN CENTER CIRCLE          SANFORD FL 32771</b>	Mailing Address <b>TIME WORLD SEMINOLE TOWN CENTER MALL          280 TOWN CENTER CIRCLE          SANFORD FL 32771-7409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>52-2103606</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>AMERILAWYER          343 ALMERIA AVENUE          CORAL GABLES FL 33134</b>			7. Name and Address of New Registered Agent		
			Name <b>Kelly W. Kim</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>280 Town Center Circle</b>		
			City <b>Sanford</b>		FL Zip Code <b>32771</b>

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 *Kelly W. Kim* DATE 4/20/00  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD KIM, KELLY W 280 TOWN CENTER CIRCLE SANFORD FL 32771</b> <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	<b>VTD PARK, JONG S 280 TOWN CENTER CIRCLE SANFORD FL 32771</b> <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"/> 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"/> Delete	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"/> Delete	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: *Kelly W. Kim* DATE 4/20/00 DAYTIME PHONE # (407) 302-3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)