

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90163 013 ***150.00

DOCUMENT # P98000062091

1. Entity Name
W.W.W. OF PALM HARBOR, INC.



Principal Place of Business
**34270 US HWY 19
PALM HARBOR FL 34684
US**

Mailing Address
**PO BOX 18846
TAMPA FL 33679**

2. Principal Place of Business

3. Mailing Address

5939 Bayview Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gulfport, FL

4. FEI Number

59-3542378

Applied For

Not Applicable

Zip

Country

Zip

Country

33707

USA

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

SCHECHT, NEIL S

~~**2009 W. BAY TO BAY BLVD. PENTHOUSE
TAMPA FL 33629**~~

CHANGE ADDRESS ONLY

Name

Street Address (P.O. Box Number is Not Acceptable)

3630 W. Kennedy Blvd.

City

Tampa

FL

Zip Code

33609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **WILLIS, GLENN**
STREET ADDRESS **2239 CLIMBING IVY DR.**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIS, JAMIE**
STREET ADDRESS **5939 BAYVIEW CIRCLE**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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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:

SIGNATURE REQUIRED JAMIE WILLIS

1/31/03

(813) 625-6820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)