

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90080 037 ***150.00

DOCUMENT # **P98000004800 ✓**
1. Entity Name **EARTHWORLDS CONTRACTING, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4533 POLK CITY RD
Suite, Apt. #, etc.

3. Mailing Address
4533 POLK CITY RD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HAINES CITY, FL
Zip
33844 Country
POLK

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Zip
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4. FEI Number
59-352 2563
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT W. COLLOPY
Street Address (P.O. Box Number is Not Acceptable)
4533 POLK CITY RD
City
HAINES CITY FL Zip Code
33844

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 _____
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROBERT W. COLLOPY
4533 POLK CITY RD
HAINES CITY, FL 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
MARIL T. SCOTT
9001 MOSSY OAK LANE
CLERMONT, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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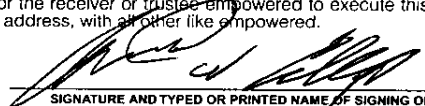
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/02 **863-557-9271**
Date Daytime Phone #

CR2E034B (12/01)