

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90092 007 \*\*\*150.00

**DOCUMENT # P98000074201**

1. Entity Name  
**OUR WORLD, CORP.**



Principal Place of Business  
**1912 GULF BOULEVARD  
INDIAN ROCKS BEACH FL 33785**

Mailing Address  
**1912 GULF BOULEVARD  
INDIAN ROCKS BEACH FL 33785**



2. Principal Place of Business

3. Mailing Address

**1452 Premier Village Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Clearwater FL 33774**

City & State

City & State

4. FEI Number **59-3531800**

Applied For

Not Applicable

Zip

Country

Zip

Country

**Pinellas**

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

**BECKER, DEBORAH  
1912 GULF BOULEVARD  
INDIAN ROCKS BEACH FL 33785**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKER, DEBORAH</b> <b>1912 GULF BOULEVARD</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKER, JEFFREY</b> <b>1912 GULF BOULEVARD</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKER, TIMOTHY</b> <b>1208 TOWN HARBOUR CT</b> <b>WOODSTOCK GA 30189</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKER, CYNTHIA</b> <b>1208 TOWN HARBOUR CT</b> <b>WOODSTOCK GA 30189</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition

**Tim Becker**  
**1452 Premier Village Wy**  
**Clearwater FL 33774**

**Cynthia Becker**  
**1452 Premier Village Wy**  
**Clearwater, FL 33774**

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:** *Deborah Becker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/2/03**

**727-575-9421**

Date Daytime Phone #

CR2E034 (10/02)