## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000011106 Jan 24, 2000 8:00 am Secretary of State 1. Entity Name WURLD WEB WORKS, INC. 01-24-2000 90272 047 \*\*\*150.00 Principal Place of Business Mailing Address 2330 LACEY CIRCLE 2330 LACEY CIRCLE PENSACOLA FL 32514-5809 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement \_\_ FILE NOW!!! FEE-IS\_\$150.00 🗻 -9.-This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Change ☐ Addition TITLE ☐ Delete RENFROE, AL NAME NAME STREET ADDRESS STREET ADDRESS 2330 LACEY CIRCLE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 ☐ Change ☐ Addition ☐ Delete TITLE NAME 3,, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Change ☐ Addition ..... Delete quile ₽υχ. ζ. ( TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR