2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000018082 May 15, 2000 8:00 am 1. Entity Name **Secretary of State** Florida World Real Estate Company, Inc. 219 Breezy Oak Lane 05-15-2000 91406 044 \*\*\*150.00 Davenport, FL 34711-Principal Place of Business Mailing Address 219 Breezy Oak Lane Davenport, FL 338 657510 2. Principal Place of Business Mailing Address CLERMONT 9550 HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE CLERMON 9550 4. FEI Number City & State Applied For FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Betty Aalbregt Betty Aalbregt Street Address (P.O. Box Number is Not Acceptable) 219 Breezy Oak Lane <u>219 Breezy Oak Lane</u> Davemport, FL 34714 33837 City Davenport 70 Code 3388) 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. 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 П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/P/S/T ☐ Delete ☐ Change TITLE Addition TITLE Betty Aalbregt NAME NAME CR2E034 STREET ADDRESS 219 Breezy Oak Lane STREET ADDRESS Davenport, FL 347F1 33837 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME 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 TITLE Delete TITLE Change ☐ Addition 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. ED OR PRINTED NAME OF