

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90485 045 ***150.00

0119865 AV

DOCUMENT #
1. Entity Name
YOUR WORLD MARKETING, INC.

Principal Place of Business
P.O. BOX 360728
MELBOURNE FL 32936-0728

2. Principal Place of Business
Suite, Apt. #, etc.

City & State

Zip

P990000026813

Mailing Address
P.O. BOX 360728
MELBOURNE FL 32936-0728

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3565268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MULLER, RICHARD S
1127 S. PATRICK DR #3
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent
Name Charles E. Wells
Street Address (P.O. Box Number is Not Acceptable)
1480 Cowart Ave.
City Melbourne FL Zip Code 32935

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 Charles E. Wells Charles E. Wells Pres. 4/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 D ☐ Delete
NAME WELLS, CHARLES E
STREET ADDRESS P.O. BOX 360728
CITY-ST-ZIP MELBOURNE FL 32936

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Charles E. Wells Charles E Wells Pres, 4/1/02 321-630-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #