

[illegible]

FILED
Jul 10, 2000 8:00 am
Secretary of State

06-05-2000 90034 025 ***550.00

WORM'S EYE VIEW, INC.

Mailing Address

~~314 PINE AVE.. STE B~~
~~ANNA MARIA FL 34216~~

3. Mailing Address

P.O. Box 1062

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

Applied For
Not Applicable

Country
USA

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

~~ANNA MARIA FL 9421~~

Name _____

Street Address (P.O. Box Number is Not Acceptable)

1204 60th AVE W

City **BRADENTON** FL Zip Code **34207**

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 reinstalling)

DATE _____

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, 2000 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME	6	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SUNQUIST, PATRICIA		
STREET ADDRESS	121 TIDY ISLAND BLVD		
CITY-ST-ZIP	BRADENTON, FL 34210		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE **P.** WINIFRED K. WILSON ☒ Change ☐ Addition
NAME
STREET ADDRESS 2822 UPTON ST. S.
CITY-ST-ZIP GULFPORT, FL 33711

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-00 941-727-5758

Date _____

Daytime Phone #

C/F EOL (9/99)