

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90153 040 ***150.00

DOCUMENT # P99000067129

1. Entity Name

WORM'S EYE VIEW, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1204 60TH AVE W

Suite, Apt. #, etc.

3. Mailing Address
1204 60TH AVE W

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number
65-0975602

Applied For
☐ Not Applicable

Zip
34207

Country
USA

Zip
34207

Country
USA

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

7. Name and Address of Current Registered Agent

Name
WINNIFRED K WILSON-SUNQUIST

Street Address (P.O. Box Number is Not Acceptable)
1204 60TH AVENUE WEST

City BRADENTON **FL** 34207

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
WINNIFRED K WILSON SUNQUIST
2822 UPTON ST S
GULFPORT, FL 33711

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC/TREAS
PATRICIA SUNQUIST
4760 STONERIDGE TRAIL
SARASOTA, FL 34232

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

941-739-2757

Date

Daytime Phone #

CR2E034B (12/01)