

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91142 027 ***150.00

DOCUMENT # P99000088379

1. Entity Name

WORD MOTORS, INC.

Principal Place of Business

1035 S.E. 11TH AVE.
 Ocala FL 34471

Mailing Address

1035 S.E. 11TH AVE.
 Ocala FL 34471

2. Principal Place of Business

2685 NW 10th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

32675

Country

Country

4. FEI Number

65-0953930

Applied For

Not Applicable

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

DURRANCE, CECIL A.
1035 S.E. 11TH AVE.
OCALA FL 34471

Name

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

City

O FL

Zip Code

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	DURRANCE, CECIL A	1035 SE 11 AVENUE	OCALA FL 34471	<input type="checkbox"/>
ST	DURRANCE, SHARON K	1035 SE 11 AVENUE	OCALA FL 34471	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	Sharon K. Durrance	1035 SE 11th Ave	Ocala FL 34471	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	Deane Karstaedt	4888 NE 64 Ave	Silver Springs, FL 34488	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

352-266-6230

Daytime Phone #

CRE034 (10/00)