

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90305 023 ***150.00

DOCUMENT # S02935

1. Entity Name

ORLANDO WORLD COINS, INC.

Principal Place of Business

2518 W DIANA
TAMPA FL 33614

Mailing Address

416 E GEORGIA ST
TALLAHASSEE FL 32301

2. Principal Place of Business

4911 ARLINGTON RD

3. Mailing Address

4911 ARLINGTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALMETTO FL

City & State

PALMETTO FL

4. FEI Number

59-3055814

Applied For

Not Applicable

Zip

34221

Country

MANATEE

Zip

34221

Country

MANATEE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKIBBEN, LOUIS
416 E GEORGIA ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: VENZA, JOSEPH
Street Address (P.O. Box Number is Not Acceptable): 4911 ARLINGTON RD
City: PALMETTO FL Zip Code: 34221

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

Joseph J Venza JOSEPH J VENZA

4-29-02

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) ☐

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: P
NAME: MCKIBBEN, LOUIS
STREET ADDRESS: 416 E GEORGIA ST
CITY-ST-ZIP: TALLAHASSEE FL 32301 ☐ Delete

TITLE: CEO
NAME: VENZA, JOSEPH
STREET ADDRESS: 2518 W. DIANA
CITY-ST-ZIP: TAMPA FL 32303 ☐ Delete

TITLE: S
NAME: MCKIBBEN, BRUCE
STREET ADDRESS: 306 N MONROE ST
CITY-ST-ZIP: TALLAHASSEE FL 32301 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CEO
NAME: MCKIBBEN, LOUIS ☒ Change ☐ Addition
STREET ADDRESS: 416 E. GEORGIA ST
CITY-ST-ZIP: TALLAHASSEE FL 32301

TITLE: P
NAME: VENZA, JOSEPH ☒ Change ☐ Addition
STREET ADDRESS: 4911 ARLINGTON RD
CITY-ST-ZIP: PALMETTO FL 34221

TITLE: S
NAME: KAREW, VENZA ☒ Change ☐ Addition
STREET ADDRESS: 4911 ARLINGTON RD
CITY-ST-ZIP: PALMETTO FL 34221

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

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

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

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:

Joseph J Venza JOSEPH J VENZA 4/29/02 941-720 2375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)