

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

0003307  
 AV

03-18-2002 90089 044 \*\*\*150.00

**DOCUMENT # S91071**  
 1. Entity Name  
**WORLD HOMES INC.**

Principal Place of Business P.O. BOX 208 FERNANDINA BEACH FL 32034	Mailing Address P.O. BOX 208 FERNANDINA BEACH FL 32034 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-3168290</b>	Applied For Not Applicable
--------------	--------------	------------------------------------	-------------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent  
**TOMASSETTI, A JEFFREY**  
**406 ASH STREET**  
**SUITE 105**  
**FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent  
 Name **Robert Scott Allison**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4180 Palm Bluff Dr.**  
 City **Fernandina Bch. FL** Zip Code **32035**

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 **Robert Scott Allison President** DATE **3-7-02**  
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ALLISON, ROBERT SCOTT 4180 PALM BLUFF DR FERNANDINA BEACH FL 32035 <i>Bluff</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALLISON, LYNN 4180 PALM BLUFF DR FERNANDINA BEACH FL 32035 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4180 Palm Bluff <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allison, Carol Lynn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4180 Palm Bluff Dr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Lynn Allison** DATE: **3-7-02** Day me Phone #: **9042617604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day me Phone #

CR2E034 (9/01)