


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90256 027 ***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

30002064



2. Principal Place of Business
96034 Sandy Point Circle

3. Mailing Address
96034 Sandy Point Circle

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Fernandina Bch. Fl.

City & State
Fernandina Bch. Fl.

Zip
32034

Country
Nassau

4. FEI Number
59-3168290

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLISON, ROBERT SCOTT
4180 PALM BLUFF DR *96034 Sandy Point Circle*
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

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

City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ALLISON, ROBERT SCOTT 4180 PALM BLUFF FERNANDINA BEACH FL 32035	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD ALLISON, CAROL 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>96034 Sandy Point Circle 32034</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>96034 Sandy Point Circle 32034</i>	
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Lynn Allison* 1-13-03 904 261 7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)