

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90095 018 \*\*\*150.00

**DOCUMENT # V16170**

1. Entity Name  
**WWRLOP, INC.**

Principal Place of Business <b>304 S SILVER PALM RD          BOCA RATON FL 33432          US</b>	Mailing Address <b>304 S SILVER PALM RD          BOCA RATON FL 33432-7979          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-3142917** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALVORSEN, JULIE  
 304 SILVER PALM  
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Julie Snow \*\***

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

**\*\* Last name only change due to marriage.**

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.

SIGNATURE *Julie C. Snow* Julie Snow DATE \_\_\_\_\_

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

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, 2000 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	<b>PST HALVORSEN, JULIE 304 SILVER PALM BOCA RATON FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Snow, Julie **</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALVORSEN 304 SILVER PALM BOCA RATON FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Julie C. Snow* Julie Snow Date **2/24/00** (561) 368-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FORM 900 (9/99)

#4,  
C0034983  
HV16170

# MARRIAGE REGISTER

BAHAMAS

No.	When Married	Name and Surname	Condition	Calling	Age	District and Residence at the time of Marriage	Father's Name and Surname
	2-10-99	Timothy George Snow	Single	Administrator	43	Atlantis, Paradise Is.	George Snow
		Juice Clark Halvorsen	Divorced	Housewife		Atlantis, Paradise Is.	LeRoy Clark

Married at The Cloisters, Paradise Island by (or before) me Melvin A. Grant  
 a Marriage Officer of the District of New Providence

This Marriage was celebrated between us

*[Signature]*  
*Juice Halvorsen*

in the presence of us

*[Signature]*  
*Juice Clark*

This 2nd day of October 19 99

Certified by me to be a true copy of the Original Marriage Register.

*[Signature]*  
 Marriage Officer