2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   F01000002762

1. Entity Name

WORM'S WAY, INC.

Principal Place of Business
7854 N. State Road 37
~~7850 N. HIGHWAY 37~~
BLOOMINGTON IN 47404

Mailing Address   7854 N. State Road..,
~~7850 N. HIGHWAY 37~~
BLOOMINGTON IN 47404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7854 N. State Road 37
Suite, Apt. #, etc.

City & State
Bloomington, IN
Zip 47404   Country Monroe

3. Mailing Address
7854 N. State Road 37
Suite, Apt. #, etc.
Bloomington, IN

City & State
Bloomington, IN
Zip 47404   County Monroe

4. FEI Number   35-1702259   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HEYDT, MARTIN
4402 NO 56TH ST.
TAMPA FL 33610

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.

SIGNATURE X _____   3/22/02

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)   X

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE **PSTD** NAME **HEYDT, MARTIN** STREET ADDRESS **7850 N HIGHWAY 37** CITY-ST-ZIP. **BLOOMINGTON IN**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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CR2E034 (9/01)

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: X SIGNATURE REQUIRED

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