

2001 UNIFORM BUSINESS REPORT (UBR)

2/21

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-28-2001 90026 013 ***150.00

DOCUMENT # P00000002341

1. Entity Name

WORLDWIDE INTERACTIVE SERVICES, INC.

Principal Place of Business

P.O. BOX 2911
ORLANDO FL 32802-2911

Mailing Address

P.O. BOX 2911
ORLANDO FL 32802-2911

2. Principal Place of Business

201 EAST PINE STREET

3. Mailing Address

Suite, Apt. #, etc.

SUITE 650

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32801

Country

USA

Zip

Country

4. FEI Number

59-3617877

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PANTALEON, JOHN
201 E. PINE STREET, SUITE 650
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

JOHN D. PANTALEON, PRESIDENT**2/22/01**

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	President			
	John D. Pantaleon			
	201 E. Pine Street, Ste. 650			
	Orlando, FL 32801			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. PANTALEON

Date

2/22/01

Daytime Phone #

407-425-9223

CR2E034 (10/00)