

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90039 022 \*\*\*150.00

**DOCUMENT # P95000060118**

1. Entity Name  
**WORLDWIDE DYNAMICS, INC.**

Principal Place of Business  
**4927 CLOCK RD.  
 LAKE WORTH FL 33463**

Mailing Address  
**4927 CLOCK RD.  
 LAKE WORTH FL 33463**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6770 LANTANA ROAD**  
 Suite, Apt. #, etc. **9+10 UNIT**  
 City & State **LAKE WORTH**  
 Zip **FL 33467** Country **USA**

3. Mailing Address **6770 LANTANA RD**  
 Suite, Apt. #, etc. **9+10 UNIT**  
 City & State **LAKE WORTH**  
 Zip **FL 33463** Country **USA**

4. FEI Number **65-0600337**  
 Applied For  Not-Applicable

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

**6. Name and Address of Current Registered Agent**

**FIELDS, JOSEPH R JR.,ESQ  
 515 N FLAGLER DRIVE, STE 1450  
 WEST PALM BEACH FL 33401**

**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 \_\_\_\_\_ 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, 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
DPST CRESSWELL, MARK S	515 N. FLAGLER DR. STE. 1450 WEST PALM BEACH FL 33401		

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:** *MARK CRESSWELL* **SIGNATURE REQUIRED** **MARK CRESSWELL** 4/22/02 561-514-8670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE034 (9/01)