

2001 UNIFORM BUSINESS REPORT (UBR)

3/1/

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-01-2001 90013 006 ***150.00

DOCUMENT # P95000061379

1. Entity Name
WORLDWIDE AUTOMATION RESOURCES, INC.

Principal Place of Business

1922 HILLCREST ST
ORLANDO FL 32803

Mailing Address

P.O. BOX 2911
ORLANDO FL 32802

2. Principal Place of Business

201 EAST PINE STREET

Suite, Apt. #, etc.

SUITE 650

City & State

ORLANDO FL

Zip

32801

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3350753**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PANTALEON, JOHN D
201 EAST 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

John D. Pantaleon, President 02/22/01

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 State

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

11. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	PANTALEON, JOHN	
STREET ADDRESS	201 EAST PINE STREET SUITE 650	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Pantaleon 2/22/01 407-425-9222

Date

Daytime Phone

CR2E034 (10/00)