

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90040 041 \*\*\*150.00

**DOCUMENT # V06328**

1. Entity Name

**WORLDWIDE COMMERCIAL REALTY CORP.**

Principal Place of Business

Mailing Address

877 EXECUTIVE CENTER DR WEST  
 SUITE 303  
 ST PETERSBURG FL 33702  
 US

P.O. BOX 68  
 ODESSA FL 33556-0068

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3100073**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**33767**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOVAK, MICHAEL T**  
**8805 ROBERTS RD.**  
**ODESSA FL 33556**

Name

**Novak, Michael T.**

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

**1310 Gulf Blvd. G-20**

City

**Clearwater**

**FL**

Zip Code

**33767**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NOVAK, MICHAEL T	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8805 ROBERTS RD.			
ODESSA FL 33556			
	<input type="checkbox"/> Delete		<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: **Michael T. Novak** 4/7/00 (813)-230-8684  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)