

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 401901****1. Entity Name**
WORLD WIDE RESEARCH AND INVESTMENTS, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90013 002 ***150.00

Principal Place of Business
6740 CROSSWINDS DRIVE, SUITE G
P.O. BOX 40566
ST. PETERSBURG FL 33743
US**Mailing Address**
P.O. BOX 40566
ST. PETERSBURG FL 33743
US**2. Principal Place of Business**
Suite, Apt. #, etc.
City & State
Zip Country**3. Mailing Address**
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1493170
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**SAMUELS, ALLEN R
6740 CROSSWINDS DRIVE NORTH, SUITE G
P.O. BOX 40566
ST. PETERSBURG FL 33743**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**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SAMUELS, ALLEN R	6740 N. CROSSWINDS DRIVE, SUITE G	ST. PETERSBURG FL	<input type="checkbox"/>
STD	SAMUELS, CAROL R.	6740 N. CROSSWINDS DRIVE N., STE. G	ST. PETERSBURG FL	<input type="checkbox"/>
VD	SAMUELS, SCOTT	6740 CROSSWINDS DRIVE, N., SUITE G	ST. PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen R. Samuels, President

1/2/01 727-343-3601
Date Daytime Phone #

CR2E034 (10/00)