## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # F00000003049 1. Entity Name 04-23-2002 90355 042 \*\*\*150.00 WORLDWIDE MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 217 WARD CIRCLE 217 WARD CIRCLE B0074259 **BRENTWOOD TN 37027 BRENTWOOD TN 37027** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1821255 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLAND, DAVID O Street Address (P.O. Box Number is Not Acceptable) 3559 NW 53RD STREET ROAD FT. LAUDERDALE FL 33309 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5:00 May Be : STax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F X Change PSCD ☐ Delete ☐ Addition NAME RAMANNA, SUJATHA NAME Ramanna, Sujatha STREET ADDRESS 217 WARD CIRCLE STREET ADDRESS 217 Ward Circle CITY-ST-ZIP CITY-ST-7IP **BRENTWOOD TN 37027** Brentwood, TN 37027 TITLE ☐ Delete TITLE Change X Addition Ramanna, Surendra NAME NAME STREET ADDRESS STREET ADDRESS 217 Ward Circle CITY-ST-ZIP CITY-ST-ZIP Brentwood, TN 37027 ☐ Delete TITLE ☐ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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 of the corporation or the received vith an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR