## 2002 Uniform Business Report (UBR)

albiline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

## Mar 26, 2002 8:00 am § Secretary of State F01000002629 DOCUMENT # 1. Entity Name 03-26-2002 90035 036 \*\*\*150.00 WORLD WIDE PACKETS, INC. Principal Place of Business Mailing Address PO BOX 950 PO BOX 950 TRUDUCTOR O VERADALE WA 99037 VERADALE WA 99037 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 94-3342506 Not Applicable Country Zip Zip 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. ☐ Addition Change TITLE TITLE Delete NAME DAINES, BERNARD NAME STREET ADDRESS STREET ADDRESS 115 N SULLIVAN RD. CITY-ST-ZIP VERADALE WA CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME GALVIN, BILL NAME STREET ADDRESS STREET ADDRESS 115 N SULLIVAN RD. CITY-ST-ZIP CITY-ST-ZIP VERADALE WA **Delete** ☐ Change ☐ Addition TITLE TITLE NAME MORALES, OCTAVIO STREET ADDRESS STREET ADDRESS 115 N SULLIVAN RD. CITY-ST-ZIP CITY-ST-ZIP **VERADALE WA** ☐ Change Addition ☐ Delete TITLE TITLE 金 2 TELIN, MARLA NAME NAME STREET ADDRESS STREET ADDRESS 115 N SULLIVAN RD. CITY-ST-ZIP CITY-ST-ZIP veradale wa Change ☐ Addition ☐ Delete TITLE TITLE CD NAME REINER, DAN NAME STREET ADDRESS STREET ADDRESS 115 N SULLIVAN RD. CITY-ST-ZIP CITY-ST-ZIP **VERADALE WA** TITLE ☐ Delete TITLE Change ☐ Addition NAME CURRY, DAVID NAME STREET ADDRESS STREET ADDRESS 115 N SULLIVAN RD. CITY-ST-ZIP CITY-ST-ZIP VERADALE WA 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 an other like empowered.

Date

Daytime Phone #

**FILED**