

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005616

1. Entity Name
WORLD WIDE FINANCIAL SERVICES, INC.Principal Place of Business
2650 NORTHWESTERN HWY
4TH FLOOR
SOUTHFIELD, MI 48076 USMailing Address
2650 NORTHWESTERN HWY
4TH FLOOR
SOUTHFIELD, MI 48076 US2. Principal Place of Business
26500 Northwestern Hwy
Suite, Apt. #, etc.3. Mailing Address
26500 Northwestern Hwy
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES4. FEI Number
38-2949962Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS
2331 HANSEN PLACE
TALLAHASSEE, FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!! FEE IS \$150.00
 Make Check Payable to Florida Department of Banking
 Finance

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

10. OFFICERS AND DIRECTORS

 TITLE: CEO
 NAME: WOLFE, JACK B
 STREET ADDRESS: 26500 NORTHWESTERN HWY 4TH FLOOR
 CITY-ST-ZIP: SOUTHFIELD, MI 48076 ☐ Delete

 TITLE: PS
 NAME: JACOB, ANDREW C
 STREET ADDRESS: 26500 NORTHWESTERN HWY 4TH FLOOR
 CITY-ST-ZIP: SOUTHFIELD, MI 48076 ☐ Delete

 TITLE: CFO
 NAME: BABCOCK, HOWARD M
 STREET ADDRESS: 26500 NORTHWESTERN HWY 4TH FLOOR
 CITY-ST-ZIP: SOUTHFIELD, MI 48076 ☐ Delete

 TITLE: EXVP
 NAME: BABCOCK, HOWARD M
 STREET ADDRESS: 26500 NORTHWESTERN HWY 4TH FLOOR
 CITY-ST-ZIP: SOUTHFIELD, MI 48076 ☐ Delete

 TITLE: COO
 NAME: SILVERSTEIN, ROBERT S
 STREET ADDRESS: 26500 NORTHWESTERN HWY 4TH FLOOR
 CITY-ST-ZIP: SOUTHFIELD, MI 48076 ☐ Delete

 TITLE: EXVP
 NAME: SILVERSTEIN, ROBERT S
 STREET ADDRESS: 26500 NORTHWESTERN HWY 4TH FLOOR
 CITY-ST-ZIP: SOUTHFIELD, MI 48076 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

 TITLE: ☐ Change ☐ Addition
 NAME: 000020898030
 STREET ADDRESS: 06/16/03--01085--008
 CITY-ST-ZIP: **550.00

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)

7/6/17