

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # L22114****1. Entity Name**  
**WORLD WIDE WARRANTY CO.****Principal Place of Business**  
1700 E. HILLSBOROUGH AVENUE  
  
TAMPA FL 33610**Mailing Address**  
110 S.E. 6TH STREET  
20TH FLOOR  
FT. LAUDERDALE FL 33301**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-2675376**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.

PLANTATION FL 33324 US

**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)

**05/01/2000**

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**

TITLE	T	<input type="checkbox"/> Delete
NAME	HYLE KATHLEEN W	
STREET ADDRESS	110 S.E. 6TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

TITLE	T	<input type="checkbox"/> Delete
NAME	COLE JAMES O	
STREET ADDRESS	110 S.E. 6TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS THOMAS W	
STREET ADDRESS	110 S.E. 6TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

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

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOURHIS MARC L		
STREET ADDRESS	110 S.E. 6TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRANDO JONATHAN P		
STREET ADDRESS	110 S.E. 6TH STREET		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAROONE MICHAEL E		
STREET ADDRESS	110 S.E. 6TH STREET		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		

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

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

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

**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** JONATHAN P. FERRANDO

S 05/01/2000