2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90052 038 ****50.00

DOCUMENT # L94000000272

1. Entity Name
FLORIDA WORLDWIDE CONSULTING, L.C.

Principal Place of Business	Mailing Address
6017 Pine Ridge Rd. Ste. # 116 Naples, FL 34119-3956	6017 Pine Ridge Rd. Ste. # 116 Naples, FL 34119-3956

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0551872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEEMANN, ERNEST A 1105 CAPE CORAL PARKWAY E., SUITE C CAPE CORAL FL 33904	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUSZAS, MANFRED D	NAME	
STREET ADDRESS	5097 LOCHWOOD CT.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112		
TITLE	MGRM		
NAME	LUSZAS, KARIN E		
STREET ADDRESS	5097 LOCHWOOD CT.		
CITY-ST-ZIP	NAPLES FL 34112		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

We haven't received the original form at this time. That is the reason, that we send a modified copy of the 2002 report.
Florida Worldwide Consulting L.C.
M. Luszas

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. Luszas 04/24/2002 (941) 272-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #