2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000272

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

FILED
03 MAY -2 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5097 LOCHWOOD COURT NAPLES, FL 34112-3656	5097 LOCHWOOD COURT NAPLES, FL 34112-3656

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6017 Pine Ridge Rd.	dto.
Suite, Apt. #, etc. 116	Suite, Apt. #, etc.
City & State Naples, FL	City & State
Zip 34119 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

SEEMANN, ERNEST A
1105 CAPE CORAL PARKWAY E., SUITE C
CAPE CORAL, FL 33904

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

600017863536
05/02/03--01017--020 **50.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSZAS, MANFRED D 5097 LOCHWOOD CT. NAPLES, FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSZAS, MANFRED D. 6017 Pine Ridge Rd. #116 NAPLES, FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSZAS, KARIN E 5097 LOCHWOOD CT. NAPLES, FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSZAS, KARIN E. 6017 Pine Ridge Rd. # 116 NAPLES, FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] M. Luszas 4/28/03 239-784 6288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #