

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90115 034 ***150.00

DOCUMENT # P00000002341

1. Entity Name
WORLDWIDE INTERACTIVE SERVICES, INC.



Principal Place of Business
**201 EAST PINE STREET
SUITE 650
ORLANDO FL 32801**

Mailing Address
**PO BOX 3029
ORLANDO FL 32802-3029**

2. Principal Place of Business
5025 South Orange Ave.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Edgewood Florida
Zip
32809
Country
USA

City & State
Zip
Country

4. FEI Number
59-3617877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PANTALEON, JOHN
201 E. PINE STREET, SUITE 650
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5025 South Orange Avenue
City **Edgewood** **FL** Zip Code **32809**

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 reinstating)

DATE

1/6/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PANTALEON, JOHN D	201 E PINE STREET STE 650	ORLANDO FL 32801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5025 South Orange Avenue	Edgewood, Florida 32809	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

1/6/03

Date

Daytime Phone #

CR2E034 (10/02)