

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90425 043 ***150.00

DOCUMENT # P00000007431

1. Entity Name

WORLDWIDE DEBT EXCHANGE, INC.Principal Place of Business
**7796 ALISTER MACKENZIE DRIVE
SARASOTA FL 34240**Mailing Address
**7796 ALISTER MACKENZIE DRIVE
SARASOTA FL 34240**

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 **65-1027828**

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****7. Name and Address of New Registered Agent****CHARLES H. O. MORRIS
7796 ALISTER MACKENZIE DRIVE
SARASOTA FL 34240**

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)

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MORRIS, ROBERT A 4286 HEARTHSTONE DRIVE SARASOTA FL 34238	<input type="checkbox"/>		<input type="checkbox"/>
D HAMMOND, DENNIS 11828 LEIBACHER AVENUE NORWALK CA 90650	<input type="checkbox"/>		<input type="checkbox"/>
D UNDERWOOD, RANDALL L 3500 NORTH ROCK ROAD #400 WICHITA KS 67226	<input type="checkbox"/>		<input type="checkbox"/>
D KISSICK, JOHN R 3500 NORTH ROCK ROAD #400 WICHITA KS 67226	<input type="checkbox"/>		<input type="checkbox"/>
D CHARLES H. O. MORRIS 7796 ALISTER MACKENZIE DRIVE SARASOTA FL 34240	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)