2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # **P0000007676** 1. Entity Name WORLD WIDE IDENTITIES INC. 04-04-2001 90014 009 ***150.00 Principal Place of Business Mailing Address 3840-01 WILLIAMSBURG PARK BLVD 3840-01 WILLIAMSBURG PARK BLVD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 01040 2. Principal Place of Business 3. Mailing Address Willbimsburd Par 3840-1 Williams burg 3840-1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For acksonville 59-3631194 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required レジ 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - ----Name SEARCY, CHARLES C Street Address (P.O. Box Number is Not Acceptable) 4155 HOLLISTER PL JACKSONVILLE FL 32257 allister 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Change NAME NAME 3840-1 Williams Burg Fark Blvd. STREET ADDRESS STREET ADDRESS f1. 32527 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition onald C Pizur NAME 3840-1 Williamsburg Park Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP icksenville Fl. 32257 CITY-ST-ZIP --- - Change - 🗔 Addition Cheif-Information Officer TITLE TITLE NAME Michael K Julian NAME 3840-1 Williamsburg Park Blud Jacksonville Fl. 32257 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF NING OFFICER OR DIRECTOR Date Daytime Phone