

5/11

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-18-2001 91763 001 ***750.00

DOCUMENT # P00000012076

1. Entity Name

STAMPEDE WORLDWIDE, INC.

Principal Place of Business

3910 RIGA BOULEVARD
TAMPA FL 33619-1344

Mailing Address

3910 RIGA BOULEVARD
TAMPA FL 33619-1344

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

58-2235301

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITMAN, JOHN V JR.
3910 RIGA BOULEVARD
TAMPA FL 33619-1344

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 (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO, DIRECTOR	WHITMAN, JOHN V JR	3910 RIGA BLVD	TAMPA, FL 33619	<input type="checkbox"/>
CFO	CARLEE, WINSTON D JR	3910 RIGA BLVD	TAMPA, FL 33619	<input type="checkbox"/>
DIRECTOR	BOGGS, JAMES	9640 GREENBRIAR DRIVE	SEVEREEN, FL 33569	<input type="checkbox"/>
DIRECTOR	SMITH, DONALD	922 S. GOLF LINKS	SARASOTA, FL 34232	<input type="checkbox"/>
DIRECTOR	MCFARLANE, SAM	1019 SYMPHONY ISLES BLVD	APOLLO BEACH, FL 33622	<input type="checkbox"/>
DIRECTOR	MOARES, JACKSON	3116 WEST NORTH STREET	TAMPA, FL 33609	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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)