2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90030 044 ***150.00

DOCUMENT # P00000013650

1. Entity Name
WORLD WIDE INVESTIGATIONS & SECURITY INC.

Principal Place of Business	Mailing Address
213 TURNER ST.	213 TURNER ST.
CLEARWATER FL 33756	CLEARWATER FL 33756

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
400 Island Way		400 Island Way	
Suite, Apt. #, etc.: # 611		Suite, Apt. #, etc.: # 611	
City & State: Clearwater, Fl		City & State: Clearwater, Fl	
Zip: 33767	Country:	Zip: 33767	Country:

4. FEI Number 59-3621371 ☐ 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
RAFTERY, BRIAN J	Name: RAFTERY, Brian J.
213 TURNER ST.	Street Address (P.O. Box Number is Not Acceptable): 400 Island Way, # 611
CLEARWATER FL 33756	City: Clearwater FL Zip Code: 33767

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] Pres (Brian J. Raftery) 1-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RAFTERY, BRIAN J 213 TURNER ST CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RAFTERY, Brian J. 400 Island Way # 611 Clearwater, Fl 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED [signature] Pres 1-31-03 727-423-3608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #