

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 18, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000016784**1. Entity Name  
WORLDWIDE AVIATION INC.

## Principal Place of Business

1825 TAMiami TRAIL, #165

CHARLOTTE  
33948

FL

## Mailing Address

1825 TAMiami TRAIL, #165

CHARLOTTE  
33948

FL

## 2. Principal Place of Business

1825 TAMiami TRAIL, A6-165

## 3. Mailing Address

1825 TAMiami TRAIL, A6-165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

PORT CHARLOTTE

FL

## City &amp; State

PORT CHARLOTTE

FL

Zip  
33948

Country

Zip  
33948

Country

## 4. FEI Number

65-0987714

Applied For

Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ADAMS LYNDIA  
1250 HILLCREST AVE.PT. CHARLOTTE  
33948

FL

US

## 7. Name and Address of New Registered Agent

## Name

ADAMS LYNDIA

Street Address (P.O. Box Number is Not Acceptable)  
1250 HILLCREST AVE.City  
PORT CHARLOTTE

FL

Zip Code  
33948

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)

07/18/2001

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FREEMAN NICHOLAS A		
STREET ADDRESS	1825 TAMiami TRAIL A6-165		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		
TITLE	SEC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADAMS LYNDIA S		
STREET ADDRESS	1825 TAMiami TRAIL A6-165		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FREEMAN NICHOLAS A		
STREET ADDRESS	1825 TAMiami TRAIL A6-165		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		
TITLE	PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADAMS LYNDIA S		
STREET ADDRESS	1825 TAMiami TRAIL A6-165		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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:** Lynda S Adams

Pres

07/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)