

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90462 045 ***150.00

DOCUMENT # P01000043230

1. Entity Name

WORLD WIDE DIVERSIFIED FUNDING, INC.

Principal Place of Business

**291 SW WEST VIRGINIA DR
 PORT ST LUCIE FL 34983**

Mailing Address

**291 SW WEST VIRGINIA DR
 PORT ST LUCIE FL 34983**

2. Principal Place of Business

9156 N. US1 Hwy.

3. Mailing Address

P.O. Box 1887

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce, Fla

City & State

Fort Pierce, Fla.

4. FEI Number

65-1101380

Applied For

Not Applicable

Zip

34946

Country

USA

Zip

34954

Country

USA

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

HOYLMAN, KEITH R

1713 ANECI STREET

PORT ST LUCIE FL 34983

Name

Terrance S. Williams Sr.

Street Address (P.O. Box Number is Not Acceptable)

214 SE Selva Ct.

City

Port St. Lucie

FL

Zip Code

34983

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, 2002 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 **PD** ☐ Delete
 NAME **HOYLMAN, HAZEL**
 STREET ADDRESS **1731 ANECI ST**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **VD** ☐ Delete
 NAME **PACORA, SAM**
 STREET ADDRESS **891 SW HAMBERLAND AVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE **SD** ☒ Delete
 NAME **MILLER, ALVIN**
 STREET ADDRESS **1415 4 LANE**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **TD** ☒ Delete
 NAME **MILLER, ALVIN**
 STREET ADDRESS **1415 4 LANE**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Sabrina A. Williams**
 STREET ADDRESS **214 SE Selva Ct.**
 CITY-ST-ZIP **Port St. Lucie, Fla. 34983**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
 NAME **Sabrina A. Williams**
 STREET ADDRESS **214 SE Selva Ct.**
 CITY-ST-ZIP **Port St. Lucie, Fla. 34983**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Sabrina A. Williams**
 STREET ADDRESS **214 SE Selva Ct.**
 CITY-ST-ZIP **Port St. Lucie, Fla. 34983**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sabrina Williams - Sabrina Williams 4/2/02 772-465-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)