

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90050 005 ***550.00

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DOCUMENT # P01000061335

1. Entity Name
WORLD WIDE SUCCESS, INC.



Principal Place of Business
**6401 RENWICK CIR.
TAMPA FL 33647**

Mailing Address
**6401 RENWICK CIR.
TAMPA FL 33647**



2. Principal Place of Business

3. Mailing Address

550 North Red Street PO Box 48183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33609 USA

USA

33647

USA

4. FEI Number **59-3731886**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEITZ, HANK
6401 RENWICK CIR.
TAMPA FL 33647**

Name **Stacey D. Craft**
Street Address (P.O. Box Number is Not Acceptable)
**8803 Citrus Village Drive
#203**
City **Tampa** FL Zip Code **33626-3682**

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, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Stacey Craft

8/14/03

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 **PD** ☒ Delete
NAME **SEITZ, HANK**
STREET ADDRESS **6401 RENWICK CIR.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **President** ☐ Change ☒ Addition
NAME **Stacey D. Craft**
STREET ADDRESS **8803 Citrus Village Drive, #203**
CITY-ST-ZIP **Tampa, FL 33626-3683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stacey Craft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/03 813-810-6078

Date Daytime Phone #

CR2E034 (10/02)