

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91411 037 ***150.00

DOCUMENT # P01000092081

1. Entity Name
W & W MARKETING INTERNATIONAL, INC.



Principal Place of Business
**13212 HEATHER MOSS DRIVE #1301
ORLANDO, FL 32837**

Mailing Address
**13212 HEATHER MOSS DRIVE #1301
ORLANDO, FL 32837**

20041263



2. Principal Place of Business
5563 Los PALMA Vista DR.
Suite, Apt. #, etc.

3. Mailing Address
5563 Los PALMA Vista DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL
Zip
32837
Country
ORANGE

City & State
ORLANDO, FL
Zip
32837
Country
ORANGE

4. FEI Number
59-3748860

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, BRENDA L
13212 HEATHER MOSS DRIVE #1301
ORLANDO, FL 32837

Name

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

5563 Los PALMA Vista DR
City **ORLANDO** FL Zip Code **32837**

7. Name and Address of New Registered Agent

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 **Brenda L Wallace, President**

3/10/2003

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW WITH FEES \$150.00
After May 1, 2003 Fee will be \$350.00
Mail 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

TITLE **P** ☐ Delete
NAME **WALLACE, BRENDA L**
STREET ADDRESS **13212 HEATHER MOSS DRIVE #1301**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **X Brenda L Wallace, President**

X 3/10/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CRZ034 (10/02)