

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 043 ***150.00

DOCUMENT # **001000101790**

Entity Name

Worldwide Executive Search, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2250 Donato Drive
Suite, Apt. #, etc.

3. Mailing Address

2250 Donato Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Belleair Beach, FL

City & State

Belleair Beach, FL

4. FEI Number

65-1144728

Applied For

Not Applicable

Zip

33786

Country

Zip

33786

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lovelace, William K Esq

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

401 S. Lincoln Ave

City

Clearwater

FL

Zip Code

33756

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
Lovelace, William K
401 S. Lincoln Ave
Clearwater, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra Wright-Sorini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-593-3253
4-20-03**

CR2E034B (12/02)