2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State
06-23-2003 90058 016 ***150.00

DOCUMENT # P02000008576

1. Entity Name
WORLDWIDE DIRECTORY SERVICES, INC

Principal Place of Business	Mailing Address
1860 N PINE ISLAND ROAD SUITE 104 PLANTATION FL 33322	1860 N PINE ISLAND ROAD SUITE 104 PLANTATION FL 33322

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1860 N PINE ISLAND RD	1860 N PINE ISLAND RD.
Suite, Apt. #, etc.: #103	Suite, Apt. #, etc.: #103
City & State: PLANTATION	City & State: PLANTATION,
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

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
PAUL V CLOUGH, CPA, P.A. 1860 N PINE ISLAND ROAD SUITE 104 PLANTATION FL 33322	Name: PAUL V CLOUGH, CPA, P.A. Street Address (P.O. Box Number is Not Acceptable): 1860 N PINE ISLAND RD #103 City: PLANTATION FL Zip Code: 33322

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: _____ 04/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DEREK G. HODGES 1860 N. PINE ISLAND RD #103 PLANTATION, FL 33322	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED PRESIDENT 04/30/03 863-258 1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #