

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91850 015 ***150.00

DOCUMENT # P 02000018977	
1. Entity Name IASCA Worldwide, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2129 South Ridgewood Ave		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State South Daytona, FL		City & State	
Zip 32119	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1841 444		Applied For ☐	Not Applicable ☒
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 Paul Papadeas		
	Street Address (P.O. Box Number is Not Acceptable) 614 Touchstone Circle		
	City Port Orange	FL	Zip Code 32119

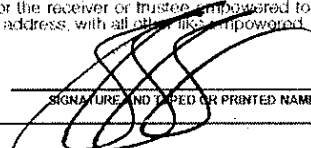
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when registering) 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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Papadeas -P 614 Touchstone Cir Port Orange, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maryellen Papadeas -ST 614 Touchstone Cir Port Orange, FL 32127	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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 officers empowered.

SIGNATURE:  _____

03/30/03

CR2E034B (12/02)