

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90289 012 \*\*\*150.00

0696313 FP

DOCUMENT # P02000022708

1. Entity Name  
WORLD COM AND TECHNOLOGY, INC.



Principal Place of Business  
11915 ANDROMEDA LANE  
WESTON FL 33327

Mailing Address  
11915 ANDROMEDA LANE  
WESTON FL 33327



2. Principal Place of Business

3. Mailing Address

1915 Andromeda Ln

1915 Andromeda Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

FL

City & State

FL

4. FEI Number

010615134

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

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

LEGAL INFORMATION SERVICES, INC.  
1290 WESTON ROAD  
SUITE 300  
FT. LAUDERDALE FL 33326

Name

Terence Smith

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

1915 Andromeda Lane

City

Weston

FL

Zip Code

33327

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

Terence Smith

04/10/03

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

(NOTE: Registered Agent signature required when reinstating)

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  
D  
SMITH, TERENCE D  
11915 ANDROMEDA LANE  
WESTON FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1915 Andromeda Lane  
Weston FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HARRIOTT, ROGER  
6751 COLLEGE COURT, #202  
DAVIE FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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:

TERENCE SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03

Date

954 659 1286

Daytime Phone #

CR2E034 (10/02)