

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

0103896 AV

DOCUMENT # P02000031504

1. Entity Name
WORLD WIDE SEARCH SYSTEMS, INC.



08-04-2003 90141 022 ***550.00

Principal Place of Business
**13180 N CLEVELAND AVE #118
N FT MYERS FL 33903**

Mailing Address
**13180 N CLEVELAND AVE #118
N FT MYERS FL 33903**



2. Principal Place of Business

13180 N. Cleveland Ave #239

3. Mailing Address

13180 N. Cleveland Ave #239

Suite, Apt. #, etc.

239

Suite, Apt. #, etc.

239

City & State

N. Fort Myers, Florida

City & State

N. Ft Myers

Zip

33903

Country

Zip

33903

Country

4. FEI Number

02-0578044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COOPER, ALLEN

**13180 N CLEVELAND AVE #118
N FT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **COO** ☐ Delete
NAME **COOPER, ALLEN**
STREET ADDRESS **9822 BERNWOOD PLACE DRIVE #114**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **D** ☐ Delete
NAME **COOPER, NORA**
STREET ADDRESS **9822 BERNWOOD PLACE DRIVE #114**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03 239636 5388
Date Daytime Phone #

CR2E034 (4/03)