

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91878 018 \*\*\*150.00

0405251 AV

**DOCUMENT # P02000070394**

1. Entity Name

**WORLDWIDE UNIVERSAL CONNECTIONS INC.**



Principal Place of Business

**22884 IRONWEDGE DRIVE  
BOCA RATON FL 33433**

Mailing Address

**22884 IRONWEDGE DRIVE  
BOCA RATON FL 33433**

2. Principal Place of Business

**PO BOX 880694**

3. Mailing Address

**PO BOX 880694**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

4. FEI Number

**04-3728173**

Applied For

Not Applicable

Zip

**33488-0694**

Country

**USA**

Zip

**33488-0694**

Country

**USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAMES, ROBERT E  
22884 IRONWEDGE DRIVE  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **ROBERT E. JAMES**

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

**5205 E. LAKE DR.**

City **BOCA RATON**

**FL**

Zip Code **33064**

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 **Robert E. James (Robert E. James)**

**4/28/03**

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

TITLE **D** ☐ Delete  
NAME **JAMES, ROBERT E**  
STREET ADDRESS **22884 IRONWEDGE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ROBERT E. JAMES**  
STREET ADDRESS **PO BOX 880694**  
CITY-ST-ZIP **BOCA RATON, FL, 33488-0694**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: **Robert E. James (Robert E. James)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 561-926-1372**

Date

Daytime Phone #

CR2E034 (10/02)