

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-21-2003 90132 007 ***150.00
P02000086708

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DOCUMENT # P02000086708

1. Entity Name
SECWORLDWIDE, INC.



03 JUL 31 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**208-816 RENAISSANCE POINT
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**208-816 RENAISSANCE POINT
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LOMAS, DERRICK L CPA
14750 NW 77TH COURT
SUITE 200
MIAMI LAKES FL 33015**

4. FEI Number
59-3563749

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | CEO DUKES, SILAS 208-816 RENAISSANCE POINT ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JONES, RANDY 208-816 RENAISSANCE POINT ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GREEN, LARRY 208-816 RENAISSANCE POINT ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO JONES, LONNIE 208-816 RENAISSANCE POINT ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED **7/18/03** **321-438-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

FROM : *ve*

PHONE NO. : 4072900527

JUL. 31 2003 10:59AM P2

816 RENAISSANCE PCE #208
ALTAMONTE SPRINGS

FL 32714

JULY 18th 2003

FLORIDA DEPT of STATE
DIVISION of CORPORATIONS
PO BOX 1500
TALLAHASSEE
FL 32302-1500

TO WHOM IT MAY CONCERN
DEAR SIR / MADAM,

THIS IS TO NOTIFY YOU THAT MY BUSINESS
SER-SOFTWARE INC DID NOT RECEIVE A PRIOR NOTIFICATION
of FILING. PLEASE FIND ENCLOSED A CHECK FOR
\$150.00. FOR FURTHER QUESTIONS PLEASE CALL
321-438-8800.

SINCERELY

SILAS QUILES

Also Dels CEO.

REFERENCE # PO2000086708

ATTN. JUSTIN