## 2001 UNIFORM BUSINESS REPORT (UBR) Aug 17, 2001 8:00 am Secretary of State DOCUMENT # P93000050781 1. Entity Name 08-17-2001 90004 015 \*\*\*550.00 WORLDWIDE PROPERTIES OF AMERICA, INC. Principal Place of Business Mailing Address C/O BRACHS CONFECTIONS, INC. C/O BRACHS CONFECTIONS, INC 4120 JERSEY PIKE 4120 JERSEY PIKE CHATTANOOGA TN 37421 CHATTANOOGA TN 37421 2. Principal Place of Business 3. Mailing Address <u>809 Longboat Club Road</u> DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0424646 Longboat Kei Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34228 Fee Required TASO 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charlesk Martin MARTIN, CHARLES R Street Address (P.O. Box Number is Not Acceptable 4442 GARCIA AVE SARASOTA FL 34233 same City 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. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete CR2E034 (10/00) TITLE TITLE Change Addition NORTON, JOHN W. (ESQ.) NAME NAME STREET ADDRESS STREET ADDRESS **401 NORTH CICERO** CITY-ST-ZIP CITY-ST-7IP CHICAGO IL AS Delete ☐ Change TITLE TITLE A5 SMUCKER, DONALD W. (ESQ NAME NAME Martin, Charles R., Jr. 10353 FRUITVILLE RD. STREET ADDRESS STREET ADDRESS 2 Garcia Avenue CITY-ST-7IP CITY-ST-ZIP SARASOTA FL rasota, FL 34233 Delete JULE ---TITLE \_\_ Change \_\_ Addition BRINKMANN, BURKHARD NAME NAME STREET ADDRESS SEEFELDQUAI 17 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CH-8034 ZU *5* D PD (Change TITI F ☐ Delete ☐ Addition TITLE Jacobs, Klaus J. JACOBS, KLAUS J NAME NAME Seefeldquai 17 STREET ADDRESS STREET ADDRESS SEEFELD QUAL 67 CH- 8034 ZU CITY-ST-ZIP CITY-ST-ZIP CI8-8034 ZU, SWITZERLAND TITLE ☐ Change Addition TITLE ☐ Delete $\mathbf{C}\mathbf{A}\mathbf{V}$ Rend Incobs, Renata Seefeldquai 17 CH-8034 ZU NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ✓ Addition ☐ Delete TITLE NAME NAME Voelker, Mathias STREET ADDRESS STREET ADDRESS Secfeldquai 17 CITY-ST-ZIP CITY-ST-ZIP CH: 8034 13. 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 11 or Block 12 if

changed, or on an attachment

SIGNATURE:

ith an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER