

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90086 005 ***150.00

DOCUMENT # P93000050781

1. Entity Name

WORLDWIDE PROPERTIES OF AMERICA, INC.

Principal Place of Business

**809 LONGBOAT CLUB ROAD
LONGBOAT KEY FL 34228
US**

Mailing Address

**809 LONGBOAT CLUB ROAD
LONGBOAT KEY FL 34228
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0424646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, CHARLES R
4442 GARCIA AVE
SARASOTA FL 34233**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	MARTIN, CHARLES R JR	
STREET ADDRESS	4442 GARCIA AVENUE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOBS, KLAUS J	
STREET ADDRESS	SEEFELDQUAI 17	
CITY-ST-ZIP	CH-8034 ZU SWITZERLAND	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACOBS, RENATA	
STREET ADDRESS	SEEFELDQUAI 17	
CITY-ST-ZIP	CH-8034 ZU SWITZERLAND	
TITLE	S	<input type="checkbox"/> Delete
NAME	VOELKER, MATHIAS	
STREET ADDRESS	SEEFELDQUAI 17	
CITY-ST-ZIP	CH-8034 ZU SWITZERLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)