

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90109 009 ***150.00

DOCUMENT # P93000059808

1. Entity Name
PRODUCTS WORLDWIDE, INC.



Principal Place of Business
**2137 W. PINE STREET
ORLANDO FL 32805
US**

Mailing Address
**2137 W. PINE STREET
ORLANDO FL 32805
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 **59-3197472**

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

7. Name and Address of New Registered Agent

**BIRMINGHAM, JOHN
2137 WEST PINE STREET
ORLANDO FL 32805**

Name
BERKSON, GARY M.
Street Address (P.O. Box Number is Not Acceptable)
Suite 1200
111 N. Orange Avenue
City
Orlando **FL** Zip Code
32801

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

3/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **BIRMINGHAM, JOHN**
STREET ADDRESS **2137 W. PINE STREET**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **T** ☒ Change ☐ Addition
NAME **Birmingham, John**
STREET ADDRESS **2137 West Pine Street**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **S** ☐ Delete
NAME **BIRMINGHAM, ELIZABETH**
STREET ADDRESS **2137 W. PINE STREET**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **PS** ☒ Change ☐ Addition
NAME **Primrose, Elizabeth**
STREET ADDRESS **2137 West Pine Street**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
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: **Elizabeth Primrose**
ELIZABETH PRIMROSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 407-291-2420

Date

Daytime Phone #

CR2E034 (10/02)