

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 91080 017 ***150.00

DOCUMENT # P94000016520

1. Entity Name

WORLDWIDE TELECOM GROUP, INC.



Principal Place of Business

**7154 N UNIVERSITY DR
#258
TAMARAC FL 33321
US**

Mailing Address

**7154 N UNIVERSITY DR
#258
TAMARAC FL 33321
US**

2. Principal Place of Business

5001 Rio Vista Ave
Suite, Apt. #, etc.

3. Mailing Address

5001 Rio Vista Ave
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33634

Country

US

Zip

33634

Country

US

4. FEI Number

65-0475974

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

**SIMON, ED
7154 N UNIVERSITY DR
#258
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name

Josh Anderson

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

5001 Rio Vista Ave

City

Tampa

FL

Zip Code

33634

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]

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

(NOTE: Registered Agent signature required when reinstating)

1-21-03

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 **DPST** ☒ Delete
NAME **SIMON, ED**
STREET ADDRESS **7154 N UNIVERSITY DR #258**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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 **Josh Anderson**
STREET ADDRESS **5001 Rio Vista Ave**
CITY-ST-ZIP **Tampa, FL 33634**

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

TITLE ☐ Change ☐ Addition
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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
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-21-03

Date

813-769-2300

Daytime Phone #

CR2E034 (10/02)