

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90039 022 ***150.00

DOCUMENT # P95000060118

1. Entity Name

WORLDWIDE DYNAMICS, INC.

Principal Place of Business

Mailing Address

**4927 CLOCK RD.
 LAKE WORTH FL 33463**

**4927 CLOCK RD.
 LAKE WORTH FL 33463**

2. Principal Place of Business

6770 LANTANA ROAD

3. Mailing Address

6770 LANTANA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9+10 -UNIT

9+10 UNIT

City & State

City & State

LAKE WORTH

LAKE WORTH

Zip

Country

USA

Zip

Country

USA

FL

33467

FL 33463

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIELDS, JOSEPH R JR.,ESQ
 515 N FLAGLER DRIVE, STE 1450
 WEST PALM BEACH FL 33401**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CRESSWELL, MARK S 515 N. FLAGLER DR. STE. 1450 WEST PALM BEACH FL 33401	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

MARK CRESSWELL 4/22/02 31-514-8670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)