

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061379

Entity Name
WORLDWIDE AUTOMATION RESOURCES, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90080 032 ***150.00

| | |
|----------------------------------|--|
| Principal Place of Business | Mailing Address |
| HILLCREST ST ORLANDO FL 32803 | P.O. BOX 2911 ORLANDO FL 32802-2911 |

| | |
|-----------------------------|---------------------|
| Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-3350753 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

PANTALEON, JOHN D
1922 HILLCREST ST
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
John D. Pantaleon
Street Address (P.O. Box Number is Not Acceptable)
201 East Pine Street Suite 650
City
Orlando FL Zip Code
32801

The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

1/7/00

| | | |
|--|---|--|
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------|---|---|--|
| ADDRESS ST-ZIP | <input type="checkbox"/> Delete P PANTALEON, JOHN 1427 WALD RD ORLANDO FL 32806 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 201 East Pine Street Suite 650 Orlando, FL 32801 | |
| | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 furnished 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] DATE: 1/30/00 DAYTIME PHONE #: 407-425-9222