2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000062085 May 08, 2000 8:00 am Secretary of State WORLD-WIDE CONSTRUCTION, INC. 05-08-2000 90112 043 ***158.75 Mailing Address Principal Place of Business 1600 MEXICO AVE 1600 MEXICO AVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689-2224 2. Principal Place of Business 3. Mailing Address Deve Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE TARPON Speines City & State 4. FEI Number Applied For 59-3417062 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required us A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ũADIS OLGA ANGELIADIS, OLGA P Address change Street Address (P.O. Box Number is Not Acceptable) 1600 MEXICO AVE **TARPON SPRINGS FL 34689** DIRINGS 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PEESIDENT ☐ Addition TITLE TITLE ☐ Defete OUSA SIOPEN BOWA ANGELIADIS, OLGA P 1705 Sunset De. NAME NAME 1600 MEXICO AVE STREET ADDRESS TARPON SDRINGS, R. 34689 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP CITY-ST-7IP MEELADIS, MICHAEL ☐ Delete TITLE TITLE ANGELIADIS, MICHAEL 1705 Sunset De. NAME NAME 1600 MEXICO AVE STREET ADDRESS STREET ADDRESS Speines, TARPON SPRINGS FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. 72**7**-937-5648

Daytime Phone #

SIGNATURE: