WORLDWIDE BRASS PRODUCTS, INC.

DOCUMENT # **P96000102695**

Principal Place of Business

Mailing Address

1718 ST JOHNS BLUFF JACKSONVILLE FL 32246

City & State

Zip

1718 ST JOHNS BLUFF JACKSONVILLE FL 32246

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

City & State

Country

Country

4. FEI Number

59-3422355

5. Certificate of Status Desired -

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

waad21PA

6. Name and Address of Current Registered Agent

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

ZRIHEN, RAYMOND 1718 ST JOHNS BLUFF JACKSONVILLE FL 32246

(NOTE: Registered Agent signature required when reinstating)

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

City

Zip Code

\$8.75 Additional.

Applied For

Not Applicable

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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

(See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE [] Change ☐ Addition TITLE Delete NAME RADMOND, ZRIHEN NAME STREET ADDRESS 1718 ST JOHNS BLUFF STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX FL ☐ Addition TITLE □ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

GOFFICER OF DIRECTOR IGNATURE AND TYPED OR PRINTED NAME OF SIGN