

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 041 ***150.00

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DOCUMENT # P97000044186

1. Entity Name

WORLDWIDE MORTGAGE SERVICES, INC.



Principal Place of Business

**5905 SOUTH UNIVERSITY
DAVIE FL 33328**

Mailing Address

**5905 SOUTH UNIVERSITY
DAVIE FL 33328**

2. Principal Place of Business

1941 N 66 Ave

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip **33024**

Country **USA**

3. Mailing Address

1941 N 66 Ave

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip **33024**

Country **USA**

41057030



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0769385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLOOD, SHARON M
5905 SOUTH UNIVERSITY
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name **FLOOD, Sharon, M**

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

1941 N 66 Ave

City **Hollywood**

FL

Zip Code **33024**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/03

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 **P** ☐ Delete
NAME **FLOOD, SHARON M**
STREET ADDRESS **5905 SOUTH UNIVERSITY**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 reports 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 SHARON FLOOD

1/31/03

954-434-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)