

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90100 007 ***150.00

DOCUMENT # P99000003973

1. Entity Name

WORLDWIDE MOBILITY CENTER, INC.

Principal Place of Business

**1800 NORTHGATE BLVD., SUITE A-5
 SARASOTA FL 34234**

Mailing Address

**714 MCARTHUR AVENUE
 SARASOTA FL 34243-1606**

000044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1725 1st St E.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0888528

Applied For

Not Applicable

Zip

34208

Country

US

Zip

34208

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORRESTER, MICHAEL C

**1800 NORTHGATE BLVD., SUITE A-5
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent

Name

Leonard, Angel M.

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

714 McArthur Ave

City

Sarasota

FL

Zip Code

34243

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

TITLE **D** ☒ Delete
 NAME **FORRESTER, MICHAEL C**
 STREET ADDRESS **1800 NORTHGATE BLVD., SUITE A-5**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director, Owner, President** ☒ Change ☒ Addition
 NAME **Angel Leonard**
 STREET ADDRESS **714 McArthur Ave**
 CITY-ST-ZIP **Sarasota, FL 34243**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Angel M. Leonard

Daytime Phone #

CP2E034 (9/01)