

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000055014**1. Entity Name
WORLDWIDE WEB DESIGNERS, INC.

Principal Place of Business 1744 COLONIAL DR. CORAL SPRINGS FL 33071	Mailing Address 1744 COLONIAL DR. CORAL SPRINGS FL 33071
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0930219

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MARTIN JENNY**
1193 NW 114 AVECORAL SPRINGS
33071

FL

7. Name and Address of New Registered Agent

Name

MARTIN JENNYStreet Address (P.O. Box Number is Not Acceptable)
1744 COLONIAL DRIVECity
CORAL SPRINGS

FL

Zip Code
33071

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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	☐ Delete
NAME	BAZSULY SUSAN	
STREET ADDRESS	1744 COLONIAL DR.	
CITY-ST-ZIP	POMPANO BEACH FL 33071	

TITLE	P	☐ Delete
NAME	MARTIN JENNY	
STREET ADDRESS	1744 COLONIAL DR.	
CITY-ST-ZIP	POMPANO BEACH FL 33071	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		

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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: JENNY MARTIN

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)