

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **P99000065695**
WORLDWIDE INTERNET GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**20423 St Rd 7, F6****3. Mailing Address****1000 Tamiami Trail N.****#350**

Suite, Apt. #, etc.

502

DO NOT WRITE IN THIS SPACE

City & State**Boca Raton, FL****City & State****Naples, FL****4. FCI Number****65-0936107**

Apply for

Not Applicable

33498-6797Country **USA****34102**Country **USA****5. Certificate of Status Desired**
☐ **\$8.75** Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Max A. Holcher, CPA, PFS, RIA

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

1000 Tamiami Trail N.**Suite 502**

City

Naples**FL**Zip Code
34102

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 filer if applicable.

Max A. Holcher

(Not a Registered Agent & filer to be used when registering)

DATE

9. This corporation is eligible to satisfy its intangible
 tax filing requirement and elects to do so.
 (See chapter 60 on back)

☐

January 1, 2002 - February 1, 2003
Annual Reg. Fee is \$650.00
Amended UBR is \$61.25
Make Checks Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐ **\$5.00** May Be
 Added to Fees
11. OFFICERS AND DIRECTORS

III D Kane, Vivian
NAME
STREET ADDRESS
CITY-STATE-ZIP
20423 St. Rd. 7, F6 #350
Boca Raton, FL 33498-6797

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

III D Catsos, James
NAME
STREET ADDRESS
CITY-STATE-ZIP
20423 St. Rd. 7, F6 #350
Boca Raton, FL 33498-6797

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

III
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CITY-STATE-ZIP

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 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(c), 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 on an attachment with an address, with all other like or approved.

SIGNATURE:

Vivian Kane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivian Kane**4/18/02****501-987-1901**

Daytime Phone #

CR2E034B (12/01)