

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-24-2003 90206 004 ****50.00
05-08-2003 90172 022 ****100.00

DOCUMENT # P99000070626

1. Entity Name
WORLDWIDE LATIAXIS, INC.



Principal Place of Business
**7762 SILVER BELL DR
SARASOTA FL 34241**

Mailing Address
**7762 SILVER BELL DR
SARASOTA FL 34241**

80117279



2. Principal Place of Business

3. Mailing Address

**4874 CHERRY LAUREL CIRCLE
SARASOTA, FL 34241**

**GLENN DUFFY
4874 CHERRY LAUREL CIRCLE
SARASOTA, FL 34241 USA**

☒ CHECK HERE IF MAKING CHANGES

City & State
**GLENN DUFFY
4874 CHERRY LAUREL CIRCLE
SARASOTA, FL 34241 USA**

City & State

4. FEI Number **65-0944525**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUFFY, GLENN E
7762 SILVER BELL DR
SARASOTA FL 34241**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when installing)

DATE **4/18/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DUFFY, GLENN E**
STREET ADDRESS **4874 CHERRY LAUREL CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE ☐ Delete
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/18/03**

Daytime Phone #

CR2E034 (10/02)