

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90129 022 \*\*\*150.00

**DOCUMENT # S69843**

1. Entity Name  
**WORLDWIDE ORCHIDS, INC.**



Principal Place of Business  
**4725 W. PONKAN RD.  
ZELLWOOD FL 32798**

Mailing Address  
**P O BOX 1196  
APOPKA FL 32704  
US**

2. Principal Place of Business

**6500 Plymouth Sorrento Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 2188**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Apopka, FL**

City & State  
**Apopka, FL**

4. FEI Number **59-3075982**

Applied For  
Not Applicable

Zip Country  
**32712 US**

Zip Country  
**32704 US**

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

6. Name and Address of Current Registered Agent

**ROTH, MARTIN J  
230 TEMPLE CIR  
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name **MARTIN J. ROTH**  
Street Address (P.O. Box Number is Not Acceptable)  
**2478 Willow Springs Ct.**  
City **Apopka** **FL** Zip Code **32712**

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) 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete  
NAME **ROTH, MARTIN J**  
STREET ADDRESS **230 TEMPLE CIR**  
CITY-ST-ZIP **EUSTIS FL**

TITLE **DVPT** ☐ Delete  
NAME **TAYLOR, SCOTT B**  
STREET ADDRESS **PO BOX 1479**  
CITY-ST-ZIP **SORRENTO FL 32776**

TITLE **VP** ☐ Delete  
NAME **TAYLOR, ELAINE B**  
STREET ADDRESS **PO BOX 1479**  
CITY-ST-ZIP **SORRENTO FL 32776**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 **2478 Willow Springs Ct.**  
CITY-ST-ZIP **Apopka, FL 32712**

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **X** **SIGNATURE REQUIRED** **Martin J. Roth, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/07**  
Date

**407-884-8600**  
Daytime Phone #

CR2E034 (10/02)