

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14274

1. Entity Name

WORLD WIDE AQUATICS, INC.

Principal Place of Business

10500 UNIVERSITY CENTER DR
STE 295
TAMPA FL 33612
US

Mailing Address

10500 UNIVERSITY CENTER DR
STE 295
TAMPA FL 33612-6499
US

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

65-0313759

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

ROBERT LEVINE, ESQ

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

NEWMAN LEVINE METZLER + SHANKMAN

400 N TAMPA ST STE 2500

City

TAMPA

FL

Zip Code

33602

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

Marc Levine

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

(NOTE: Registered Agent signature required when reinstating)

2/28/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LEVINE, MARC	10500 UNIVERSTIY CENTER DR, STE 295	TAMPA FL 33612				
V	RODRIGUEZ, LORI	10500 UNIVERSTIY CENTER DR, STE 295	TAMPA FL 33612				

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:

MARC LEVINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2000
Date

813 972 0819
Daytime Phone #

CR2E034 (9/99)