

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-27-2002 90318 018 ***150.00

DOCUMENT # P01000091566

1. Entity Name
SPIDERWEB INC.

Principal Place of Business
919 MEIZNER REAL
304
BRANDON FL 33511

Mailing Address
919 MEIZNER REAL
304
BRANDON FL 33511

38755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1712 Chapel Tree Cir P.O. Box 475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brandon Florida Brandon Florida

4. FEI Number

59-3751065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip **33511**

Country

Zip **33509**

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG, JASON W
919 MEIZNER REAL
304
BRANDON FL 33511

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.

SIGNATURE *Jason W Lang*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	CEO LANG, JASON W 919 MEIZNER REAL BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JASON W. LANG 1712 Chapel Tree Cir #1 Brandon, FL 33509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of Operations Noah Pullen 1723 Mosaic Forest Dr Saffner, FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary of Board Jacqueline Folsom 1825 Princeton Pl. Drive Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jason W Lang*

DATE **4/28/02** DAYTIME PHONE # **834779868**

CR2E034 (9/01)