

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90102 032 ***150.00

DOCUMENT # P93000068735

1. Entity Name
WEBER DESIGN GROUP, INC.

Principal Place of Business 5600 TRAIL BLVD SUITE 5 NAPLES FL 34108 US	Mailing Address 5600 TRAIL BLVD SUITE 5 NAPLES FL 34110-1511 US
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2. Principal Place of Business 809 WALKERBILT RD Suite, Apt. #, etc. SUITE # 7	3. Mailing Address 809 WALKERBILT RD. Suite, Apt. #, etc. SUITE # 7
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City & State NAPLES, FL.	City & State NAPLES, FL.
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Zip 34110	Country COLLIER	Zip 34110	Country COLLIER
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4. FEI Number 65-0438578	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COTTER, TIMOTHY J P.A.
999 9TH STREET SOUTH
SUITE 103
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input type="checkbox"/> Delete
NAME	WEBER, WILLIAM
STREET ADDRESS	4112 23RD PLACE S.W.
CITY-ST-ZIP	NAPLES FL 33999
TITLE	D <input type="checkbox"/> Delete
NAME	WEBER, GREGORY
STREET ADDRESS	4611 15TH AVE SW
CITY-ST-ZIP	NAPLES FL 34116
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **GREGORY A. WEBER** - 24.00 (941) 594-9778
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)