

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90051 021 ***163.75

0587187

DOCUMENT # F00000000435

1. Entity Name
WEB2YOU, INC.

Principal Place of Business Mailing Address
39555 ORCHARD HILL PLACE, SUITE 130 **39555 ORCHARD HILL PLACE, SUITE 130**
NOVI MI 48375 **NOVI MI 48375**

2. Principal Place of Business 3. Mailing Address
351 S. US Highway 1 **351 S. US Highway 1**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
103 **103**

City & State City & State
Jupiter, FL **Jupiter, FL**
 Zip Country Zip Country
33477 **Palm Beach** **33477** **Palm Beach**



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-3507843** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ENCAAPERA, DENNIS
1108 SW LYNNWOOD LANE
PALM CITY FL 34990

7. Name and Address of New Registered Agent
 Name **Jennifer M. Jolly**
 Street Address (P.O. Box Number is Not Acceptable)
301 Ocean Bluffs Blvd #106
 City **Jupiter** **FL** Zip Code **33477**

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 **Jennifer M. Jolly** **Jennifer M. Jolly, President & CEO** **April 3, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	PC	<input type="checkbox"/> Delete
NAME	JOLLY, JENNIFER M	
STREET ADDRESS	39555 ORCHARD HILL PLACE, SUITE 130	
CITY-ST-ZIP	NOVI MI 48375	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLENDANIEL, PATRICK R	
STREET ADDRESS	39555 ORCHARD HILL PLACE, SUITE 130	
CITY-ST-ZIP	NOVI MI 48375	
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	President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer M. Jolly	
STREET ADDRESS	301 Ocean Bluffs Blvd #106	
CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	Chief Technology Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick R. Clendaniel	
STREET ADDRESS	39141 Gary	
CITY-ST-ZIP	Clinton Twp, MI 48036	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter M. Griffin	
STREET ADDRESS	274 Charing Cross Court	
CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Truselick	
STREET ADDRESS	220 Commodore	
CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Iverson	
STREET ADDRESS	4710 Wainier	
CITY-ST-ZIP	Jupiter, FL 33477	
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: **Jennifer M. Jolly** **Jennifer M. Jolly** **April 4, 2001** **561.748.2321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)