

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90111 041 \*\*\*550.00

**DOCUMENT # F02000001307**



1. Entity Name  
**WEBSITE PROS, INC.**

Principal Place of Business  
**12735 GRAN BAY PARKWAY WEST, BLDG. 200  
JACKSONVILLE FL 32258**

Mailing Address  
**12735 GRAN BAY PARKWAY WEST, BLDG. 200  
JACKSONVILLE FL 32258**

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 **94-3327894**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWN, DAVID L</b> <b>12735 GRAN BAY PARKWAY WEST, BLDG. 200</b> <b>JACKSONVILLE FL 32258</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Dane Beck</b> <b>12735 Gran Bay Parkway West #200</b> <b>Jacksonville, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>CARNEY, KEVIN</b> <b>12735 GRAN BAY PARKWAY WEST, BLDG. 200</b> <b>JACKSONVILLE FL 32258</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>FULTON, JAMES F. JR.</b> <b>FIVE PALO ALTO SQUARE, 3000 EL CAMINO REAL</b> <b>PALO ALTO CA 94308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STILL, GEORGE JR.</b> <b>12735 GRAN BAY PARKWAY WEST, BLDG. 200</b> <b>JACKSONVILLE FL 32258</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAUDLIN, TIM</b> <b>505 MONTGOMERY STREET, 20TH FLOOR</b> <b>SAN FRANCISCO CA 94111</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12735 Gran Bay Parkway West Bldg 200</b> <b>Jacksonville, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DENNIS, JOHN</b> <b>12735 GRAN BAY PARKWAY WEST, BLDG. 200</b> <b>JACKSONVILLE FL 32258</b>	TITLE 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: SIGNATURE REQUIRED 8/15/03 904-680-6623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)