

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006500

1. Entity Name

WEB VALUE 1, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90047 049 \*\*\*150.00

Principal Place of Business

Mailing Address

1100 PARK CENTRAL BLVD., SOUTH  
SUITE 1100  
POMPANO BEACH FL 33064

1100 PARK CENTRAL BLVD., SOUTH  
SUITE 1100  
POMPANO BEACH FL 33064-2211

88886434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 E SAMPLE RD

100 E SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110

210

City & State

City & State

POMPANO BEACH, FL

POMPANO BEACH, FL

Zip

Country

Zip

Country

33064

FLORIDA

33064

FLORIDA

4. FEI Number

65-0816186

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

SOLLINGER, NEIL D  
1100 PARK CENTRAL BLVD., SOUTH STE 1100  
POMPANO BEACH FL 33064

Name

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

100 E SAMPLE RD #210



City

POMPANO BEACH

FL

Zip Code

33064

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

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, 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 PSD  
NAME CARROLL, THOMAS J  
STREET ADDRESS 1100 PARK CENTRAL BLVD, SOUTH STE 1100  
CITY-ST-ZIP POMPANO BEACH FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS 100 E SAMPLE RD #210  
CITY-ST-ZIP POMPANO BEACH, FL 33064

☒ Change ☐ Addition

TITLE CTD  
NAME SOLLINGER, NEIL D  
STREET ADDRESS 1100 PARK CENTRAL BLVD, SOUTH STE 1100  
CITY-ST-ZIP POMPANO BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 100 E SAMPLE RD #210  
CITY-ST-ZIP POMPANO BEACH, FL 33064

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)