

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0028804

DOCUMENT # L01000001428

1. Entity Name

WEB PAGE W.I.V.E.S. LLC

04-03-2002 90017 014 *****55.00

Principal Place of Business

665 OLD MIMS RD.
 GENEVA FL 32732

Mailing Address

P.O. BOX 780338
 ORLANDO FL 32878

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, W. JEFFRY ESQ.
 STEIN, SONNENSCHN, HOCHMAN & PEPPLER
 1420 ALAFAYA TRAIL, STE. 101
 OVIEDO FL 32765

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

Melinda Lohman mgr

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-26-2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *mgr*
 NAME *Julie Raby*
 STREET ADDRESS *314 winghurst Blvd*
 CITY-ST-ZIP *Orlando FL 32828*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *mgr*
 NAME *Melinda Lohman*
 STREET ADDRESS *665 Old mims Rd*
 CITY-ST-ZIP *Geneva FL 32732*

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Melinda Lohman mgr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-26-2002 407 1087-0603

CR2E083 (9/01)