

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90011 005 \*\*\*\*50.00

**DOCUMENT # L01000008993**

1. Entity Name

**WEBSTAR HOLDINGS, LLC**

Principal Place of Business

**9401 WOODBAY DRIVE  
TAMPA FL 33626-2418**

Mailing Address

**9401 WOODBAY DRIVE  
TAMPA FL 33626-2418**

2. Principal Place of Business

**5801 RED CEDAR LN**

3. Mailing Address

**247 POMPANO DR. S.E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**ST. PETERSBURG, FL 33705**

Zip

**33705**

Country

**HILLSBOROUGH**

Zip

**33705**

Country

**PINELLAS**

4. FEI Number

**59-3744797**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIXON, WILLIAM T  
9401 WOODBAY DRIVE  
TAMPA FL 33626-2418**

7. Name and Address of New Registered Agent

Name

**ROBERT D PERKINS**

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

**247 POMPANO DR. SE**

**SUITE B**

City

**ST. PETERSBURG**

**FL**

Zip Code

**33705**

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

*Robert D. Perkins*

**ROBERT D. PERKINS**

**4-1-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>WILLIAM T DIXON</b>
CITY-ST-ZIP	<b>9401 WOODBAY DR TAMPA, FL 33626</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>WILLIAM T. DIXON</b>
CITY-ST-ZIP	<b>5801 RED CEDAR LN TAMPA FL 33625-5692</b>
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	

CR2E083 (9/01)

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:

*William T. Dixon*

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

**4-1-02 813-299-7015**

Date

Daytime Phone #