

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90015 037 ****55.00

DOCUMENT # L01000013755

1. Entity Name

WEBNET TECHNOLOGIES, LLC

Principal Place of Business

1361 WAYNE AVE.
NEW SMYRNA BEACH FL 32168

Mailing Address

1361 WAYNE AVE.
NEW SMYRNA BEACH FL 32168

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

59-373 8946

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

THOMAS E. HOMAN

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

1361 WAYNE AVE

City

NEW SMYRNA BEACH FL

Zip Code

32168

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

THOMAS E. HOMAN

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

THOMAS E. HOMAN

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MOM
THOMAS E. HOMAN
1361 WAYNE AVE
NEW SMYRNA BEACH, FL 32168

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MOM
STEVEN H. HEWITT
5714 AUTUMN CHASE CIRCLE
SANFORD, FL 32773

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
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:

THOMAS E. HOMAN

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

7-13-02

Date

386.679.5471

Daytime Phone #

CR2E083 (4/02)