

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91841 047 \*\*\*150.00

05/5365 AV

**DOCUMENT # L72440**

1. Entity Name  
**WEB AWAY, INC.**



Principal Place of Business  
**10165 NORTHWEST 8TH LANE  
OCALA FL 34482  
US**

Mailing Address  
**10165 NORTHWEST 8TH LANE  
OCALA FL 34482  
US**



2. Principal Place of Business

3. Mailing Address

**955 NW 117 CT**  
Suite, Apt. #, etc.

**955 NW 117 CT**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Ocala FL**

**Ocala FL**

Zip

Country

Zip

Country

**34482 USA**

**34482 USA**

4. FEI Number **59-3009520**

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

**PLUMMER, SONJA A SEC  
10165 NORTHWEST 8TH LANE  
OCALA FL 34482**

Name

**Sonja A Plummer**

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

**955 NW 117 CT**

City

**Ocala**

FL

Zip Code

**34482**

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

**Sonja A Plummer**

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

(NOTE: Registered Agent signature required when reinstating)

**4/23/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **SD** ☐ Delete  
NAME **PLUMMER, SONJA**  
STREET ADDRESS **10165 NW 8TH LANE**  
CITY-ST-ZIP **OCALA FL 34482**

TITLE **P/S/T/D** ☒ Change ☐ Addition  
NAME **Sonja Plummer**  
STREET ADDRESS **955 NW 117 CT**  
CITY-ST-ZIP **Ocala FL 34482**

TITLE **VD** ☐ Delete  
NAME **BARTH, CHARLIE**  
STREET ADDRESS **1166 S.E. 44TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **ROSE, LINDA A**  
STREET ADDRESS **39 FENWICK COURT**  
CITY-ST-ZIP **GRAYSON GA 30221**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **MARCUM, JOHN S**  
STREET ADDRESS **5014 GUNN HIGHWAY**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **EUBANKS, RICHARD**  
STREET ADDRESS **1917 N.E. 9TH STREET**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

**Sonja A Plummer** **4/23/03** **800 562 3415**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)