

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007235

1. Entity Name  
IN WEB IDEAS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business

1213 MIRA VISTA LANE  
MELBOURNE FL 32940

Mailing Address

1213 MIRA VISTA LANE  
MELBOURNE FL 32940

2. Principal Place of Business

415 Pineda Ct - B

3. Mailing Address

415 Pineda Ct -

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32940

Country

Brevard

Zip

32940

Country

Brevard

4. FEI Number

59-3605344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

F & L CORP.  
THE GREENLEAF BLDG, THIRD FLOOR  
200 LAURA STREET  
JACKSONVILLE FL 32201-0240

7. Name and Address of New Registered Agent

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

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

300003350009--2  
-08/08/00--01093--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE ~~President~~  
NAME Gregory McFarland MGRM  
STREET ADDRESS 1213 Mira Vista Lane  
CITY-ST-ZIP Melbourne FL 32940

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/10/2000

Date

3777  
321-751-2800

Daytime Phone #

CR2E083 (5/00)