

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90445 017 *****50.00

DOCUMENT # M02000000108

1. Entity Name
WEB-AWAY USA, LLC



Principal Place of Business

**10165 NW 8TH LN
OCALA FL 34482**

Mailing Address

**10165 NW 8TH LN
OCALA FL 34482**

2. Principal Place of Business

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

3. Mailing Address

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

City & State

OCALA FL

City & State

OCALA FL

Zip Country
34482 FL USA

Zip Country
34482 FL USA

4. FEI Number **59-3749563**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLUMMER, SONJA
10165 NW 8TH LANE
OCALA FL 34482**

7. Name and Address of New Registered Agent

Name

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PLUMMER, SONJA**
STREET ADDRESS **10165 NW 8TH LN**
CITY-ST-ZIP **OCALA FL**

TITLE **MGRM** ☐ Delete
NAME **PLUMMER JR, DONALD E**
STREET ADDRESS **133 NE 20 ST**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

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

Sonja Plummer

Date

4/25/03

Daytime Phone #

**800 562 3415
970 963 2101**

CR2E083 (10/02)