

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90157 041 ****70.00

DOCUMENT # NO1000004042

1. Entity Name

SPIDER WEBB SERVICES, INC.

Principal Place of Business

Mailing Address

11488 QUAIL ROOST DR
 MIAMI FL 33157

PO BOX 971216
 MIAMI FL 33197-1216

2. Principal Place of Business

11488 QUAIL ROOST DRIVE

3. Mailing Address

PO Box 971216

Suite, Apt. #, etc.

As Above

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA.

City & State

MIAMI FLORIDA

Zip

Country

33157

Zip

Country

33197-1216

USA

4. FEI Number

65-1107176

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

WEBB, LENNARD SR
 12700 SW 187TH ST
 MIAMI FL 33177

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

Lennard Webb Sr. (President)
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE. (NOTE: Registered Agent signature required when reinstating)

04/15/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WEBB, LENNARD SR 12700 SW 187TH ST MIAMI FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLOWAY, GWEN 16230 SW 102 CT MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LAWRENCE, SUSAN 12700 SW 187TH ST MIAMI FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHE, JACQUES SR 17510 S DIXIE HWY MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACE, JOHN 3545 NW 197TH LN MIAMI FL 33055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, RICKY 9121 SW 184TH ST MIAMI FL 33157	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM W WEBB 11900 SW 199 ST Miami-FL 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

Lennard Webb Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

(305) 254-8989
 Daytime Phone #

CR2E037 (9/01)