

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

7/14/

07-14-2003 90168 005 \*\*\*\*70.00

**DOCUMENT # NO1000004042**

1. Entity Name

**SPIDER WEBB SERVICES, INC.**



Principal Place of Business

**11488 QUAIL ROOST DRIVE  
MIAMI FL 33157**

Mailing Address

**PO BOX 971216  
MIAMI FL 33197**

**55054365**

2. Principal Place of Business

**11488 QUAIL ROOST DRIVE**

3. Mailing Address

**PO BOX 971216**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number **65-1107176**

Applied For  
Not Applicable

Zip  
**33157**

Country  
**DADE**

Zip  
**33197-1216**

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LENNARD WEBB SR.**

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

(NOTE: Registered Agent signature required when reinstating)

**07/08/03**

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete  
NAME **WEBB, LENNARD SR**  
STREET ADDRESS **12700 SW 187TH ST**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☐ Delete  
NAME **WEBB, WILLIAM W**  
STREET ADDRESS **11900 SW 199 STREET**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **DST** ☐ Delete  
NAME **LAWRENCE, SUSAN**  
STREET ADDRESS **12700 SW 187TH ST**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☐ Delete  
NAME **LAROCHE, JACQUES SR**  
STREET ADDRESS **17510 S DIXIE HWY**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete  
NAME **PAGE, JOHN**  
STREET ADDRESS **3545 NW 187TH LN**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** ☐ Delete  
NAME **MATHIS, RICKY**  
STREET ADDRESS **9121 SW 184TH ST**  
CITY-ST-ZIP **MIAMI FL 33157**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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 817, 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. REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/08/03**

**305-254-8989**

Daytime Phone #

CR2E037 (4/03)