

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P00000011998**

1. Entity Name

WEB-CON HOME IMPROVEMENTS, INC.**FILED**
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90695 018 ***550.00

0007306 AV

Principal Place of Business

1093 A1A BEACH BLVD.
ST. AUGUSTINE FL 32084

Mailing Address

PMB 453
1093 A1A BEACH BLVD.
ST. AUGUSTINE FL 32084-6733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1093 A1A BEACH BLVD
Suite, Apt. #, etc.
PMB 453

City & State

ST. AUGUSTINE FL

Zip

32080

Country

3. Mailing Address

1093 A1A BEACH BLVD.
Suite, Apt. #, etc.
PMB 453

City & State

ST. AUGUSTINE FL

Zip

32080-6733

Country

4. FEI Number **59-3630691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBER, MICHAEL T
1093 A1A BEACH BLVD.
ST. AUGUSTINE FL 32084

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WEBER, MICHAEL T**
STREET ADDRESS **1093 A1A BEACH BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**TITLE **VD** ☐ Delete
NAME **WEBER, CATHERINE M**
STREET ADDRESS **30 WILLOW DRIVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael T. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**06/11/02**
Date**(904) 669-2301**
Daytime Phone #

CR2E034 (9/01)