

FILED
Jul 14, 2003 8:00 am
Secretary of State

5/12

05-12-2003 90207 037 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 000000 27344
1. Entity Name
NTWEBBS INC.
2045 N.W. 1st Place
BOCA RATON, Florida 33431



DO NOT WRITE IN THIS SPACE

55051213

2. Principal Place of Business
2045 NW 1st Place
Suite, Apt. #, etc.
3. Mailing Address
2045 NW 1st Place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL
Zip
33431
Country
U.S.A.
4. FEI Number
65-0995125
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name
MARIA GEORGE
Street Address (P.O. Box Number is Not Acceptable)
2045 NW 1st Place
City
BOCA RATON
FL
Zip Code
33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE
MARIA GEORGE
DATE
07-07-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State
9. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	GEORGE, PAUL	2045 NW 1st Place BOCA RATON, FL. 33431	
ST	GEORGE, MARIA	2045 NW 1st Place BOCA RATON, FL. 33431	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or on an attachment with an address, with all other like empowered.
SIGNATURE
MARIA GEORGE
DATE
07-07-03
Office Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027344

1. Entity Name
NTWEBS, INC.

Principal Place of Business
2045 NW FIRST PL.
BOCA RATON FL 33431

Mailing Address
2045 NW FIRST PL.
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0995125

Applied For
Not Applicab

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

GEORGE, MARIA
2045 NW FIRST PL.
BOCA RATON FL 33431

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

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 \$560.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS GEORGE, PAUL
CITY-ST-ZIP 2045 NW FIRST PL.
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME ST
STREET ADDRESS GEORGE, MARIA
CITY-ST-ZIP 2045 NW FIRST PL.
BOCA RATON FL 33431 ☐ Delete

TITLE
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TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

Attachment

ENTERED
2-12-02

55051213

DO NOT WRITE IN THIS SPACE

SIGNATURE

11-11-02

21-750-8782