2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000031791 **DOCUMENT #**



FILED Feb 26, 2003 8:00 am Secretary of State

1. Entity Nar JUST GE		THE WEB, INC.						02-26-2003 9	90136 004	4 ***150).00	
Principal Place of Business 29631 MORNINGMIST DR. WESLEY CHAPLE FL 34654			29631	Mailing Address 29631 MORNINGMIST DR. WESLEY CHAPLE FL 34654				N KREWARU NU ARWA RAWA RAWA RAWA		 	1 1616 1 1161 1661	
2. Principal I	Place of Busir	ness	3. Mai	ling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\dashv	CHECK HERE I	F MAKING (CHANGES	;	
City & State			City	City & State			4.	FEI Number 59-3636609			pplied For ot Applicable	7
Zip Country			Zip		try	5.	Certificate of Status Desired		8.75 Ad	ditional	1	
6. Name and Address of Current Registered Agent							7.	Name and Address of New Re	gistered Ag	gent		1
						Name						1
ALBANO, 29631 MC	jethro Drningmist	ΓDR.				Street Addres	s (P.O. 6	Box Number is Not Acceptable)				+
WESLEY	CHAPLE FL	34654										
9 The chave			£45			City			FL	Zip Coo		
the obliga	tions of regist	ered agent.	for the purp	ose of changing its	registere	ed office or regis	stered aç	gent, or both, in the State of Flor	ida. I am fai	miliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOTE	E: Registered	d Agent signature requ	ired when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State												1
Afte	r May 1, 200	3 Fee will be \$550.00 Florida Department	of State		*****			Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees	
Afte	r May 1, 200 k Payable to	3 Fee will be \$550.00	of State		11.		AE	1 -		Added	d to Fees	
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12. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withan address, with all other like empowered.

SIGNATURE:

NYED NAME OF SIGNING OFFICER OR DIRECTOR