


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 007 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000037488					
1. Entity Name WEB TARGET MARKETING GROUP, INC.					
Principal Place of Business 8500 NORTHWEST 24TH STREET FORT LAUDERDALE, FL 33322			Mailing Address 8500 NORTHWEST 24TH STREET FORT LAUDERDALE, FL 33322		
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 65-1004521				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agents Signature Required when certifying)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
PTD FRAZZETTO, WILLIAM V 8500 NORTHWEST 24TH STREET FORT LAUDERDALE, FL 33322					
SVD BLEWETT, JANE J 8500 NORTHWEST 24TH STREET FORT LAUDERDALE, FL 33322					
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 607, 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:  4-29-03 954 895-3175					
SIGNATURE AND TITLE OF PERSON MAKING FILING OFFICER OR DIRECTOR					

11029494



☐ CHECK HERE IF MAKING CHANGES

CH2034 (10/02)