FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90012 043 ***150.00

DOCUMENT # P00000051377

1. Entity Name

WEFILTER.COM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25530 SPRINGTIDE COURT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS, FL	City & State
Zip: 34135 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651018113 ☒ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CUMMINGS & LOCKWOOD/CLASP, INC.

Street Address (P.O. Box Number is Not Acceptable): 3001 TAMIAMI TRAIL NORTH

4TH FLOOR

City: NAPLES FL Zip Code: 34103

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 _____ DATE
Signature, required if named below as registered agent and if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT, TREASURER P,T	TITLE	
NAME	JAY MACE	NAME	
STREET ADDRESS	1745 GROVE AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33901	CITY-ST-ZIP	
TITLE	VICE PRESIDENT V	TITLE	
NAME	STEVEN S. BRAUNSTEIN	NAME	
STREET ADDRESS	25530 SPRINGTIDE CT.	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE	SECRETARY S	TITLE	
NAME	MARY BETH BRAUNSTEIN	NAME	
STREET ADDRESS	25530 SPRINGTIDE CT.	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02 941-707-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #