

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90061 024 \*\*\*150.00

**DOCUMENT # P00000057413**

1. Entity Name  
**2K WEB SERVICES, INC.**

Principal Place of Business  
**3896 BEGONIA ST.  
 PALM BEACH GARDENS FL 33410**

Mailing Address  
**3896 BEGONIA ST.  
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 903**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**West Palm Beach, FL**

4. FEI Number  
**65-1068797**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33402 USA**

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

**SCHMITT, TRAVIS T  
 3896 BEGONIA ST.  
 PALM BEACH GARDENS FL 33410**

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 *Francis J. Schmitt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/20/01**  
 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, 2001 Fee will be \$550.00  
 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 **D**  Delete  
 NAME **SCHMITT, TRAVIS T**  
 STREET ADDRESS **3896 BEGONIA ST.**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **CEO**  Change  Addition

TITLE **D**  Delete  
 NAME **POLICY, FRANKLIN W**  
 STREET ADDRESS **516 BISCAYNE DR.**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **CIO**  Change  Addition

TITLE  Delete

TITLE **CFO**  Change  Addition  
 NAME **Lisa C. Schmitt**  
 STREET ADDRESS **3896 Begonia St.**  
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: *Francis J. Schmitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01**  
 Date

**(561)346-8262**  
 Daytime Phone #

CR2E034 (10/00)