

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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90127 019 \*\*\*150.00

**DOCUMENT # P00000065902**

1. Entity Name  
**THEWEBPATCH.COM, INC.**



Principal Place of Business  
**11440 OKEECHOBEE BLVD.  
SUITE 216  
ROYAL PALM BEACH FL 33411**

Mailing Address  
**218 SANDPIPER AVENUE  
ROYAL PALM BEACH FL 33411**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**11440 Okeechobee Blvd**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 102**

Suite, Apt. #, etc.

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

City & State

4. FEI Number  
**65-1034975**

Applied For  
☐ Not Applicable

Zip  
**33411**

Country  
**USA**

Zip

Country

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**

**ABRUSCATO, SHERRIE  
218 SANDPIPER AVENUE  
ROYAL PALM BEACH FL 33411**

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

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

(NOTE: Registered Agent signature required when 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**D ABRUSCATO, SHERRIE  
218 SANDPIPER AVENUE  
ROYAL PALM BEACH FL 33411** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

**SHERRIE ABRUSCATO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-03**

Date

**561-790-7719**

Daytime Phone #

CR2E034 (10/02)