

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-19-2001 90002 005 ***150.00

DOCUMENT # P00000067301

1. Entity Name

ATDWEBINDEX.COM, INC.

Principal Place of Business

7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433

Mailing Address

7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1043872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALSER, THOMAS C
7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433

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.

SIGNATURE

Daryl K. Hulce DARYL K. HULCE

2/10/2001

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HULCE, DARYL | |
| STREET ADDRESS | 8701 SW 30TH ST, APT 208 | |
| CITY-ST-ZIP | DAVIE FL 33328 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALSER, THOMAS C | |
| STREET ADDRESS | 7015 BERACASA WAY, SUITE 201 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VELASQUEZ-ALEXANDER | |
| STREET ADDRESS | 7080 NOVA DR #301B | |
| CITY-ST-ZIP | DAVIE FL 33317 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Daryl K. Hulce DARYL K. HULCE

2/10/2001

DATE

954-262-8066

Daytime Phone #

CR2E034 (10/00)