

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90277 024 ***150.00

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

DOCUMENT # P 00000078659

1. Entity Name

WEB 2175 Inc

656877

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

365 LINDA LANE

Suite, Apt. #, etc.

3. Mailing Address

365 LINDA LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach

City & State

West Palm Beach

4. FEI Number

651034845

Applied For

Not Applicable

Zip

FL

33405

Zip

E 33405

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James Whelan

Street Address (P.O. Box Number is Not Acceptable)

365 LINDA LANE

City

West Palm Beach FL

Zip

33405

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

X

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$553.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP

James Whelan
365 LINDA LANE 33405
West Palm Beach FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 and were.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

James Whelan April 23/02 1957
8614931970

CR2ED34B (12/01)