

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90050 011 ***150.00

DOCUMENT # **P00000092333**

1. Entity Name
WEBTRESTLE INC.



Principal Place of Business
**3347 ASHRIDGE DRIVE
JACKSONVILLE FL 32225**

Mailing Address
**3347 ASHRIDGE DRIVE
JACKSONVILLE FL 32225**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3674849**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELFIN, JENNIE
3347 ASHRIDGE DR
JACKSONVILLE FL 32225**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	DELFIN, LUIGI A
STREET ADDRESS	3347 ASHRIDGE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	D <input type="checkbox"/> Delete
NAME	JENNIE JANE F. DELFIN
STREET ADDRESS	3347 ASHRIDGE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SIGNATURE REQUIRED** *[Signature]* **8/28/03** **(904) 997-8658**

CR2E034 (4/03)

Attachment



80146689
P0000092333

August 28, 2003

DIVISION OF CORPORATIONS
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

This is to inform you good office that we did not receive the prior notice of the 2003 Uniform Business Report Form.

In this regard, we would like to request if the \$400.00 penalty can be waived. Attached is the completed report and the original filing fee of \$150.00.

We appreciate your kind consideration. For further questions please contact us at (904) 997-8658 or (904) 704-9620.

Sincerely,



JENNIE F. DELFIN
Director
WebTrestle Inc.