

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

Zip

Country

Zip

Country

4. FEI Number **59-3674849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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 \$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

TITLE **D** ☐ Delete
NAME **DELFIN, LUIGI A**
STREET ADDRESS **3347 ASHRIDGE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
NAME **JENNIE JANE F. DELFIN**
STREET ADDRESS **3347 ASHRIDGE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03

(904) 997-8658

Date

Daytime Phone #

CR2E034 (4/03)

Attachment



webtrestle Inc.
your technology resource provider

80146689
#PO000092333

August 28, 2003

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

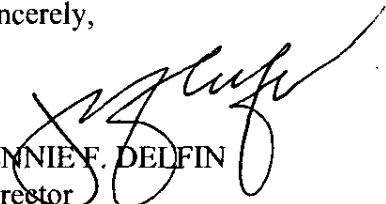
To whom it may concern:

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.