

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095235

1. Entity Name

Web Enabled Solutions, Inc.

FILED

01 MAY -1 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 Ironwood Drive
Apartment 822
Ponte Vedra, FL 32082

Mailing Address
800 Ironwood Drive
Apartment 822
Ponte Vedra, FL 32082

2. Principal Place of Business
10901 Burnt Mill Road

3. Mailing Address
10901 Burnt Mill Road

Suite, Apt. #, etc.
Apartment 1006

Suite, Apt. #, etc.
Apartment 1006

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32256

Country
USA

Zip
32256

Country
USA

4. FEI Number
59-3676701

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Intrastate Registered Agent Corporation
701 Brickell Avenue, Suite 3000
Miami, FL 33131

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

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).

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Collins, James Henry
800 Ironwood Dr., Apt. 822
Ponte Vedra, FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

10901 Burnt Mill Road, Apartment 1006
Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700004136707-02
-05/04/01--01071--011
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]