

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90055 044 \*\*\*150.00

0419387

**DOCUMENT# P00000101217**

1. Entity Name  
**WEB CLOUD INCORPORATED**

Principal Place of Business Mailing Address  
**1228 SW 15TH AVENUE 1228 SW 15TH AVENUE**  
**OCALA FL 34474 Ocala FL 34474**

2. Principal Place of Business 3. Mailing Address  
**10401 NW 60TH AVENUE 10401 NW 60TH AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**OCALA, FL Ocala, FL**

Zip Country Zip Country  
**34482 U.S.A. 34482 U.S.A.**

4. FEI Number Applied For  
**59-3678084** Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HICKS, DANIEL ESQ.**  
**421 SOUTH PINE AVENUE**  
**OCALA FL 34474**

**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 **CARMEL M. CONNOR PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**4/24/01**  
 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 PD  
 NAME CONNOR, CARMEL M  
 STREET ADDRESS 1228 SW 15TH AVENUE  
 CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE VPD  
 NAME CONNOR, DAVID L  
 STREET ADDRESS 1228 SW 15TH AVENUE  
 CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
 NAME  
 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: **Carmel M. Connor** **CARMEL M. CONNOR** **4/24/01** **352 622-1786**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)