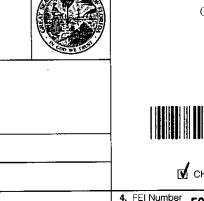
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000101217 DOCUMENT

1. Entity Name

WEB CLOUD INCORPORATED



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90402 011 ***150.00

Principal Place of Business 10401 NW 60TH AVENUE OCALA FL 34482		Mailing Address 10401 NW 60TH AVENUE OCALA FL 34482							
2. Principal Place of Business		3. Mailing Address				f f eathea t cit an ith eath oster eath aring the	}		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State)	City & State		4. F	59-3678084		plied For t Applicable		
Zip	Country	Zip	Zip Count		5. (Certificate of Status Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current	Registered Agent	legistered Agent		7. Name and Address of New Registered Agent				
421 SOUT	NIEL ESQ. H PINE AVENUE				(P.O. B	ox Number is Not Acceptable)			
OCALA FL	. 34474	C		City OCA		VW 60+n AUE.	Zip Code	182	
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) PRESIDENT /9 / 0.3 DATE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PRESIDENT /9 / 0.3 DATE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PRESIDENT /9 / 0.3 DATE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PRESIDENT /9 / 0.3 DATE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PRESIDENT /9 / 0.3 DATE									
Make Check	Payable to Florida Department						ND DIOCOTOR	N IN 1 4 4	
10.	OFFICERS AND		11.		AD.	DDITIONS/CHANGES TO OFFICERS A	DIRECTORS Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNOR, CARMEL M 1228 SW 15TH AVENUE OCALA FL 34474	☐ Delete		l l			□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONNOR, DAVID L 1228 SW 15TH AVENUE OCALA FL 34474	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•			, , , , , , , , , , , , , , , , , , ,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
10 I barabar	Dertify that the information supplied will on this report or supplemental report	is true and accurate and that	mv siana	ture snall nave the	e same	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; that ide Statutes; and that my name annea	(Lain an onice	Of director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.