

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90056 034 \*\*\*150.00

**DOCUMENT # P01000008133**

1. Entity Name  
**AT COST WEB DESIGNS, INC.**

Principal Place of Business  
**3802 E CRENSHAW STREET  
 TAMPA FL 33604**

Mailing Address  
**3802 E CRENSHAW STREET  
 TAMPA FL 33604**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 292641**  
 Suite, Apt. #, etc.

City & State  
**8523 Queen Brooks Court  
 Temple Terrace, FL 33637**  
**TPA, FLORIDA**

City & State  
**33687-2641 USA**

4. FEI Number  
**03-0379618**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRYANT OGLESBY, LISA M  
 3802 E CRENSHAW STREET  
 TAMPA FL 33604**

7. Name and Address of New Registered Agent

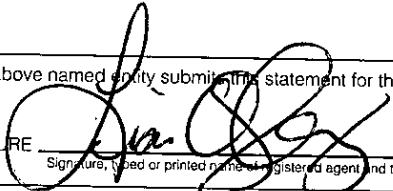
Name  
**Lisa Oglesby**

Street Address (P.O. Box Number is Not Acceptable)  
**8523 Queen Brooks Court**

City  
**Temple Terrace, FL 33637**

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  DATE **4-23-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

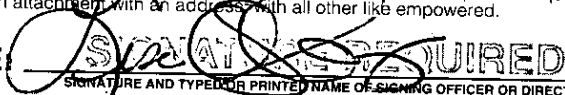
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRYANT OGLESBY, LISA M</b> <b>3802 E CRENSHAW STREET</b> <b>TAMPA FL 33604</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lisa Oglesby</b> <b>8523 Queen Brooks Court</b> <b>Temple Terrace, FL 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  DATE **4-23-02**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**



DO NOT WRITE IN THIS SPACE

UN118Z AV

CR2E034 (9/01)