

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90014 025 \*\*\*150.00

**DOCUMENT # P01000034820**

**1. Entity Name**  
**MY FAMILY WEB DOCTOR INC.**

**Principal Place of Business**  
**1082 TUPELO WAY**  
**WESTON FL 33332**

**Mailing Address**  
**1082 TUPELO WAY**  
**WESTON FL 33332**

**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**

**65-1094048**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
 Fee Required

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

**JENNINGS, TABATHA**  
**1082 TUPELO WAY**  
**WESTON FL 33332**

**7. Name and Address of New Registered Agent**

Name **TABATHA QUETGLES**

Street Address (P.O. Box Number is Not Acceptable)

**1082 TUPELO WAY**

City

**WESTON**

**FL**

Zip Code

**33327**

**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

*Tabatha Jennings*

**3/13/02**

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, 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**

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D. JENNINGS, TABATHA | <input checked="" type="checkbox"/> Delete |
| NAME           | JENNINGS, TABATHA    |  |
| STREET ADDRESS | 1082 TUPELO WAY      |  |
| CITY-ST-ZIP    | WESTON FL 33332      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

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

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D. QUETGLES, TABATHA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | QUETGLES, TABATHA    |  |
| STREET ADDRESS | 1082 TUPELO WAY      |  |
| CITY-ST-ZIP    | WESTON FL 33327      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

**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:**

*Tabatha Quetgles*

**3/13/02 9542326373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)