FILED Apr 03, 2002 8:00 am Secretary of State

04-03-2002 90198 015 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

P01000058331 DOCUMENT # 1. Entity Name EYE OF THE BE HOLDER WEB DESIGNS, INC.

Principal Place of Business

Mailing Address

2142 KEATON CHASE DRIVE ORANGE PARK FL 32003

2142 KEATON CHASE DRIVE .. ORANGE PARK FL 32003

Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



					-					4 8 3 4 8 5 8 8 8 8 1 7 8 8 °	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					#5(f) 48 (#) 8)	191 1818 4 11188 1	1101 191 KBI		
						DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number Applied For Sq. 3.7:20795 Not Applicate					
Zip		Country		Zip	Cour	ntry		Certificate of Status Desired	N.	\$8.75 Add Fee Require	litional d
	6. Name	and Address of Curre	ent Re	gistered Agent	itered Agent			Name and Address of New Re	gistered A	gent	
						Name		· ,			
SIMMONS	, Jerri					Ctroot A		con /P.O. Roy Number in Net Acceptable)			
2142°KEA	TON CHAS	E DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
ORANGE	PARK FL 32	2003		Ł				· · · · · · · · · · · · · · · · · · ·			
\$		-1								7:- 0-4	
4						City			FL	Zip Code	<i>3</i>
8. The above	named entit	v submits this statemen	t for th	e purpose of changing if	ts reaister	ed office or	registered ac	gent, or both, in the State of Flor	ida.		
		,		,	-9			,- , ,			
SIGNATURE				*							
SIGNATURE	Signature, typed	or printed name of registered ag	ent and t	itte if applicable. (NC	OTE: Registere	d Agent signat	ure required when r	einstating)	DATE		
O Thin pore	eration is alia	ible to potiefy its letensi	bla	EILE NOW	/III EEE	IC \$150	00				
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			DI U	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00				10. Election Campaign Fina			0 May Be
	ria on back)]	Make Check Paya				Trust Fund Contribution	. [_	l Added	to Fees
11.		OFFICERS AF	ND DIE	<u> </u>	1 12.			L DDITIONS/CHANGES TO OFFI	FRS AND	DIRECTORS	\$ IN 11
TITLE	DCEO	OF TOLISA	יום טוו	□ Delete	TITL	 -		DDITIONO/OFFANGES TO OFFI	SENS AND	☐ Change	Addition
NAME	SIMMONS,	JERRI		□ Delete	NAM		İ			☐ Gliange	☐ Addition
		ON CHASE DRIVE			ll l	ET ADDRESS					
CITY-ST-ZIP		ARK FL 32003			∬ CITY	-ST-ZIP	[
TITLE	 			Delete	TITL		198 V			Change	Addition
NAME	ľ			- Delete	NAM		CIMMO	NS DENNIS S			2 y mai(10)
STREET ADDRESS					. II	ET ADDRESS	1142	KEATON CHASE	DRIVE		
CITY-ST-ZIP		مرجيست			,,,	ST-7IP	ORANG	E PARK FEE 3	2003	ــــــــــــــــــــــــــــــــــــ	
TITLE	-			☐ Delete	TITL	 F	<u> </u>	<u> </u>		☐ Change	☐ Addition
NAME	}			المال المال	II NAM						
STREET ADDRESS		•			II ** * *	ET ADDRESS					
CITY-ST-ZIP	J				∬ CITY	-ST-ZIP	J				
TITLE	<u> </u>	 		☐ Delete	TITL					☐ Change	Addition
NAME					NAM	_					
STREET ADDRESS					- 12	ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE	 			☐ Delete	TITL	 E				☐ Change	Addition
NAME					NAM						
STREET ADDRESS	}				- 11	ET ADDRESS	ł				

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

904-215-9861

Daytime Phone #

☐ Change

☐ Addition