

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90189 043 ***150.00

DOCUMENT # P01000068643

1. Entity Name

WEB STUDIOS & DEVELOPMENT INDUSTRIES INC.

Principal Place of Business

Mailing Address

6-22 12850 W SR 84
 DAVIE FL 33325

6-22 12850 W SR 84
 DAVIE FL 33325

2. Principal Place of Business

3. Mailing Address

6-22, 12850 W SR 84
 Suite, Apt. #, etc.

6-22, 12850 W SR 84
 Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

DAVIE, FL

Zip 33325 Country USA

Zip 33325 Country USA

4. FEI Number

65-1156950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUART, CURTIS B
 6-22 12850 W SR 84
 DAVIE FL 33325

Name *Curtis B Stuart*

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

6-22, 12850 W SR 84

City DAVIE

FL

Zip Code 33325

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 *Curtis B Stuart*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME DP
 STREET ADDRESS STUART, CURTIS B JR
 CITY-ST-ZIP 6-22 12850 W SR 84
 DAVIE FL 33325 ☐ Delete

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

TITLE
 NAME DV
 STREET ADDRESS SPORAR, MITCHELL
 CITY-ST-ZIP 2648 OLEANDER DR
 MIRAMAR FL 33023 ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

954-724-6742

Daytime Phone #

CR2E034 (9/01)