

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90123 035 ***150.00

056173 AV

DOCUMENT # P01000101877

1. Entity Name

WEBLET TECHNOLOGIES, INC.

Principal Place of Business

**3024 ASHLAND TERRACE
 CLEARWATER FL 33761**

Mailing Address

**3024 ASHLAND TERRACE
 CLEARWATER FL 33761**

2. Principal Place of Business

10201 WOODFORD BRIDGE STREET

3. Mailing Address

15130 SUNDANCE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

WICHITA KS

Zip

33626

Country

USA

Zip

67230

Country

USA

4. FEI Number

59-3755030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PATTEN, THOMAS F
 130 N OCEAN BLVD #914
 POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name

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

1630 N. OCEAN BLVD #914

City

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

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 **PRESIDENT - DIRECTOR** ☐ Delete
 NAME **DAVID RAHPOUR**
 STREET ADDRESS **15130 SUNDANCE CT**
 CITY-ST-ZIP **WICHITA KS 67230**

TITLE **VP - D** ☐ Delete
 NAME **MICHAEL HARRIS**
 STREET ADDRESS **10201 WOODFORD BRIDGE ST.**
 CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **STD** ☐ Delete
 NAME **THOMAS PATTEN**
 STREET ADDRESS **1630 N. OCEAN BLVD #914**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)