

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90089 027 ***150.00

DOCUMENT # P02000023585

1. Entity Name

WEB READY CORPORATION



Principal Place of Business

544 OAK BRANCH CIRCLE
KISSIMMEE FL 34758

Mailing Address

544 OAK BRANCH CIRCLE
KISSIMMEE FL 34758

2. Principal Place of Business

544 OAK BRANCH CIRCLE

3. Mailing Address

P.O. Box 420939

Suite, Apt. #, etc.

KISSIMMEE 1

Suite, Apt. #, etc.

City & State

FL

City & State

Kissimmee FL

Zip

34758

Country

Zip

34742

Country

4. FEI Number

03-0412273

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PUESAN, LUIS P

544 OAK BRANCH CIRCLE
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Luis P. Pusan Luis P. Pusan

2/13/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PUESAN, LUIS P ☐ Delete
STREET ADDRESS 544 OAK BRANCH CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE VD
NAME PUESAN, FATIMA O ☐ Delete
STREET ADDRESS 544 OAK BRANCH CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

12. 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 10 or Block 11 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

Luis P. Pusan Luis P. Pusan

Date

2/13/01

Daytime Phone #

407-973-7585

CR2E034 (10/02)