

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 11, 2003 8:00 am
Secretary of State

5/1

05-05-2003 91409 017 ***150.00

DOCUMENT # P02000042624

1. Entity Name
GWEB CONCEPTS, INC.



Principal Place of Business
**2263 WEST NEW HAVEN AVE STE 342
MELBOURNE FL 32904**

Mailing Address
**2263 WEST NEW HAVEN AVE STE 342
MELBOURNE FL 32904**

55053847

2. Principal Place of Business
3328 WIND SURF WAY
Suite, Apt. #, etc.

3. Mailing Address
3328 WIND SURF WAY
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE BEACH, FL

City & State
MELBOURNE BEACH, FL

Zip
32951

Country
USA

Zip
32951

Country
USA

4. FEI Number
75-3035786

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAGANO, ALBERT S
551 S APOLLO BLVD STE 103
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

B. 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D BONNETTE, RANDOLF D 2263 WEST NEW HAVEN AVE STE 342 MELBOURNE FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIS, TANYA 2263 WEST NEW HAVEN AVE STE 342 MELBOURNE FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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 an other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4-29-03** **321-720-6998**

Signature and typed or printed name of signing officer or director Date Daytime Phone #