

FILED
Apr 16, 2003 8:00 am
Secretary of State

03-12-2003 90088 012 ***150.00

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

55026134

DOCUMENT # P02000070702																	
1. Entity Name WEBSOLUTIONS, INC.																	
Principal Place of Business 9196 EDMONT LN BOCA RATON, FL 33434		Mailing Address 9196 EDMONT LN BOCA RATON, FL 33434															
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.															
City & State		City & State															
Zip	Country	Zip Country															
4. Name and Address of Current Registered Agent ALVAREZ, RICHARD 9196 EDMONT LN BOCA RATON, FL 33434		4. FEI Number 55 0787863 Applied For Not Applicable															
5. Name and Address of New Registered Agent		6. Certificate of Status Desired ☐ \$5.75 Additional Fee Required															
7. 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 _____ Signature typed in printed block of registered agent and file if applicable. (NONE: Registered Agent signature required when submitting)		DATE _____															
8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11															
<table border="1"><tr><td>TITLE</td><td>D</td><td>NAME</td><td>CHRISTIAN, ANTHONY</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td>9340 CHELSEA DR</td><td>STREET ADDRESS</td><td>73 GABLES BLVD</td><td>☒ Change ☐ Addition</td></tr><tr><td>CITY-STATE-ZIP</td><td>MORAMAR, FL 33026</td><td>CITY-STATE-ZIP</td><td>WESTON, FL 33326</td><td></td></tr></table>		TITLE	D	NAME	CHRISTIAN, ANTHONY	☐ Delete	STREET ADDRESS	9340 CHELSEA DR	STREET ADDRESS	73 GABLES BLVD	☒ Change ☐ Addition	CITY-STATE-ZIP	MORAMAR, FL 33026	CITY-STATE-ZIP	WESTON, FL 33326		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 II.																	
SIGNATURE: _____ SIGNATURE AND TYPE OR PRINT IN BLOCKS OF BOARD OFFICER OR DIRECTOR		2/28/03 561-722-2749 Display Phone #															