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

## D00000110EE0

ST



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90058 007 \*\*\*158.75

OCUMENT# FUZUUUTTUSSS	SA CONT
Entity Name	2
ELLAR WEB SERVICES, INC.	
, , , , , , , , , , , , , , , , , ,	136
	WE T
	}

Principal Place of Business 3407 WEST PALMIRA STREET

LINIT A

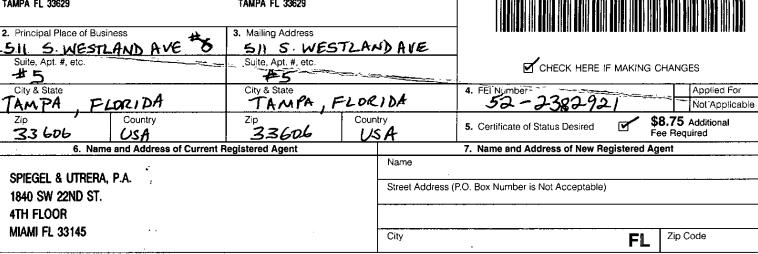
**TAMPA FL 33629** 

Mailing Address

3407 WEST PALMIRA STREET

LINIT A

**TAMPA FL 33629** 



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

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

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11, PD ☐ Addition ☐ Delete TITLE WEIR, MARY L. WEIR, MARY L NAME NAME 511 S. WESTLAND AVE. #5 3407 WEST PALMIRA STREET #A STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** CITY-ST-7IP FAMPA, FL. 33206 CITY-ST-7IP VSD Change Addition TITLE Delete TITLE CHAD WILKERSON 511 S. WESTLAND AVE \$5 KIRBY, ANDREW NAME NAME 3407 WEST PALMIRA STREET #A STREET ADDRESS STREET ADDRESS TAMPA, FL. 33606 TAMPA FL 33629 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MALLORY A. WEATHERLY 511 S. WESTLAND AVE #3 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: