

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072318

1. Entity Name

WEBADEPT, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90019 036 ***150.00

Principal Place of Business

Mailing Address

1301 BEVILLE ROAD
SUITE 14
DAYTONA BEACH FL 32119

1301 BEVILLE ROAD
SUITE 14
DAYTONA BEACH FL 32120-9295

2. Principal Place of Business

3. Mailing Address

P.O. Box 9295

P.O. Box 9295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH FLA

4. FEI Number

59-3335076

Correct

Applied For

Not Applicable

Zip

Country

32120

U.S.A

Zip

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

Name

PROF. JOSEPH E. OBI

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

118 WILLET WAY

City

DAYTONA BCH

FL

Zip Code

32119

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

[Signature]

JOSEPH E. OBI (Officer)

April 29th 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUSUF, MOHAMMED 1301 BEVILLE ROAD, STE #14 DAYTONA BCH FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUSUF, TUNDE 1301 BEVILLE ROAD, STE #14 DAYTONA BCH FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBI, JOE 1301 BEVILLE ROAD, STE #14 DAYTONA BCH FL 32119	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] JOSEPH E. OBI

April 29th 2000

904 453 4881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #