

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90008 041 ***150.00

MACRO AV

DOCUMENT # P96000069894

1. Entity Name

JEFF WEBMAN, INC.

Principal Place of Business

**360 GOLF BROOK CIRCLE
 APT 104
 LONGWOOD FL 32779**

Mailing Address

**360 GOLF BROOK CIRCLE
 APT 104
 LONGWOOD FL 32779**

2. Principal Place of Business

**105 FOX VALLEY CT
 Suite, Apt. #, etc.**

3. Mailing Address

**105 FOX VALLEY CT
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number

59-3531361

Applied For

☐ Not Applicable

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBMAN, JEFF
 360 GOLF BROOK CIRCLE #104
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **JEFF WEBMAN**

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

105 FOX VALLEY CT

City

LONGWOOD

FL

Zip Code

32779

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 **JEFF WEBMAN**

DIRECTOR

Jeff Webman

1/5/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **D** ☐ Delete
 NAME **WEBMAN, JEFF**
 STREET ADDRESS **360 GOLFBROOK CIRCLE #104**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **JEFF WEBMAN**
 STREET ADDRESS **105 FOX VALLEY CT**
 CITY-ST-ZIP **LONGWOOD, FL 32779**

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

TITLE ☐ Change ☐ Addition
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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:

Jeff Webman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF WEBMAN

Date

1/5/02

Daytime Phone #

CR2E034 (9/01)