

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086450

1. Entity Name

WEBS ADVERTISING, CORP.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90926 038 \*\*\*150.00

Principal Place of Business

Mailing Address

1617 N FLAGLER DR  
SUITE 3-A  
WEST PALM BEACH FL 33407

P.O. BOX 549  
PALM BEACH FL 33480-0549  
US

2. Principal Place of Business

3. Mailing Address

726 N STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

4. FEI Number

02-0257197

Applied For

Not Applicable

Zip

Country

Zip

Country

33401

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

FINLEY, CHANDLER R  
1645 PALM BEACH LAKES BLVD  
SUITE 520  
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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

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 D ☐ Delete  
NAME BERNHARD, MANFRED  
STREET ADDRESS 1617 N FLAGLER DR  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☒ Change ☐ Addition  
NAME MANFRED BERNHARD  
STREET ADDRESS 726 N STREET  
CITY-ST-ZIP WEST PALM BEACH, FL. 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANFRED BERNHARD

4.13.00

Date

561.659.3445

Daytime Phone #