## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 02, 2002 8:00 am Secretary of State 05-12-2002 90636 027 \*\*\*150.00

P97000030357 **DOCUMENT #** 1. Entity Name WEBHEADS, INCORPORATED Principal Place of Business Mailing Address 612 S. COPELAND STREET PO BOX 1569 TALLAHASSEE FL 32302 TALLAHASSEE FL 32302 us 2. Principal Place of Business 3. Mailing Address 2:1 · Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3440746 Ζip Country Country \$8.75 Additional 5.º Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----O'NEIL, BECKY Street Address (P.O. Box Number is Not Acceptable) **520 HARBOR GATE WAY** LONGBOAT KEY FL 34228 City Tallahassee 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 David Lovisay red agent and title if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE 🔀 Delata TITLE Change David H. Worsey NAME Bax, James A NAME President 626 Chancey Lane STREET ADDRESS 3015 WINDSOR WAY STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-7IP Tallahassee, FL TITLE Delete TITLE Addition NAME LINDNER, WILLIAM H NAME STREET ADDRESS 2807 THOMASVILLE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-7IP TITLE :-> etslaG 📆 IIILE. - - - - - - - - - - - - - - - - Addition NAME WOOL, CATHY NAME STREET ADDRESS 3205 ADWOOD ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 suppliemental 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. (850) 681-9322

SIGNATURE: \_

David Loursey Pres