

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90955 024 ***150.00

04/07/03 AV

DOCUMENT # P97000030357

1. Entity Name
WEBHEADS, INCORPORATED



Principal Place of Business
**612 S. COPELAND STREET
TALLAHASSEE FL 92302
US**

Mailing Address
**PO BOX 1588
TALLAHASSEE FL 32302**

400 107126



2. Principal Place of Business
626 Chancey Lane
Suite, Apt. #, etc.

3. Mailing Address
626 Chancey Lane
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-3440746

Applied For
Not Applicable

Zip
32308 Country
USA

Zip
32308 Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOUREY, DAVID H
626 CHANCEY LANE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name
COURSEY, DAVID H.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE **4/4/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COURSEY, DAVID H
626 CHANCEY LANE
TALLAHASSEE FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03 800 942-2817

CR2E034 (10/02)