

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036147

1. Entity Name

WEB DESIGNERS OF ORLANDO, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90060 049 ***150.00

Principal Place of Business

12002 DENNISON COURT
ORLANDO FL 32821

Mailing Address

12002 DENNISON COURT
ORLANDO FL 32821-7624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3440271**

Applied For

Not Applicable

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

LUTZ, MICHAEL
12002 DENNISON COURT
ORLANDO FL 32821

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 ☐ Delete
NAME **V**
STREET ADDRESS **WALLSTER, GARY R**
CITY-ST-ZIP **6801 SAWMILL BLVD.**
OCOE FL 34761

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LUTZ, MICHAEL**
CITY-ST-ZIP **12002 DENNISON COURT**
ORLANDO FL 32821

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SULLIVAN, CARL H**
CITY-ST-ZIP **6202 COURTNEY COVE**
APOPKA FL 32703

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Sullivan, Carl H.**
CITY-ST-ZIP **6202 Courtney Cove**
Apopka, FL. 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T/S**
STREET ADDRESS **Carolyn Lutz**
CITY-ST-ZIP **12002 Dennison Ct.**
Orlando, FL. 32821

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Casino, Raymond E.**
CITY-ST-ZIP **4796 Lk. Calabay Dr.**
Orlando, FL. 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Enochs, Bryan T.**
CITY-ST-ZIP **7147 Yacht Basin Ave. #132**
Orlando, FL. 32835

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

01/29/00

Date

(407) 239-2792

Daytime Phone #

CR2E034 (9/99)