

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90302 006 ***150.00

DOCUMENT # P97000036147

1. Entity Name

WEB DESIGNERS OF ORLANDO, INC.

Principal Place of Business

**12002 DENNISON COURT
ORLANDO FL 32821**

Mailing Address

**12002 DENNISON COURT
ORLANDO FL 32821**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
V	WALLSTER, GARY R	6801 SAWMILL BLVD.	OCOE FL 34761	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	LUTZ, MICHAEL	12002 DENNISON COURT	ORLANDO FL 32821	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SULLIVAN, CARL H	6202 COURTNEY COVE	APOPKA FL 32703	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TS	LUTZ, CAROLYN	12002 DENNISON CT	ORLANDO FL 32821	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	CASINO, RAYMOND R	4796 LAKE CALABAY DRIVE	ORLANDO FL 32837	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ENOCHS, BRYAN T	7147 YACHT BASIN AVE #132	ORLANDO FL 32835	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carolyn Lutz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn Lutz

Date

Daytime Phone #

01/23/01 239-7814

CR2E034 (10/00)