

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050445

1. Entity Name

WEBSERV, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90233 002 ***150.00

Principal Place of Business

Mailing Address

12454 SPRING HILL DR.
SPRING HILL FL 34609

12454 SPRING HILL DR.
SPRING HILL FL 34609-8199

2. Principal Place of Business

14363 SPRING HILL DRIVE

3. Mailing Address

BOX 3685

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

4. FEI Number

59-3450567

Applied For

Not Applicable

Zip

34609

Country

USA

Zip

34611

Country

USA

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

MCCLOUD, JOHN
12454 SPRING HILL DR.
SPRING HILL FL 34609

Name

MCCLOUD, JOHN

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

12460 SPRING HILL DRIVE

City

SPRING HILL FL

FL

Zip Code

34609

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	DP	<input type="checkbox"/> Delete
NAME	MCCLOUD, JOHN	
STREET ADDRESS	12454 SPRING HILL DR.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CHAMBERLAND, DEBBIE	
STREET ADDRESS	12454 SPRING HILL DR.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOUD, JOHN	
STREET ADDRESS	12460 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAND, DEBBIE	
STREET ADDRESS	14363 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Debbie Chamberland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00

Date

352 686-1127

Daytime Phone #

CR2E034 (9/99)