

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2000 90233 002 ***150.00

DOCUMENT # P97000050445

1. Entity Name
WEBSERV, INC.

Principal Place of Business 12454 SPRING HILL DR. SPRING HILL FL 34609	Mailing Address 12454 SPRING HILL DR. SPRING HILL FL 34609-8199
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2. Principal Place of Business 14363 SPRING HILL DRIVE Suite, Apt. #, etc.	3. Mailing Address BOX 3685 Suite, Apt. #, etc.
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City & State SPRING HILL FL	City & State SPRING HILL FL	4. FEI Number 59-3450567	Applied For <input type="checkbox"/> Not Applicable
Zip 34609	Country USA	Zip 34611	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MC CLOUD, JOHN
 12454 SPRING HILL DR.
 SPRING HILL FL 34609

7. Name and Address of New Registered Agent
 Name
MC CLOUD, JOHN
 Street Address (P.O. Box Number is Not Acceptable)
12460 SPRING HILL DRIVE
 City
SPRING HILL 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 *John McCcloud*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MC CLOUD, JOHN 12454 SPRING HILL DR. SPRING HILL FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHAMBERLAND, DEBBIE 12454 SPRING HILL DR. SPRING HILL FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MC CLOUD, JOHN 12460 SPRING HILL DRIVE SPRING HILL FL 34609 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHAMBERLAND, DEBBIE 14363 SPRING HILL DRIVE SPRING HILL FL 34609 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Debra Chamberland* Date: *4/2/00* Daytime Phone #: *352 686-1127*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)