

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90219 014 ***150.00

DOCUMENT # P97000050445

1. Entity Name
WEBSERV, INC.

Principal Place of Business

~~13721 LINDEN DR
 SPRING HILL FL 34609
 US~~

Mailing Address

P.O. BOX 3685
 SPRING HILL FL 34606
 US

2. Principal Place of Business

7355 BLACKHAWK TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

City & State

4. FEI Number

59-3450567

Applied For

Not Applicable

Zip

34606

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCCLLOUD, JOHN
 13721 LINDEN DRIVE
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name **McClouds JOHN**
 Street Address (P.O. Box Number is Not Acceptable)
7355 BLACKHAWK TRAIL
 City **SPRING HILL FL** Zip Code **34606**

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 **DEBBIE CHAMBERLAND**

Signature, typed or printed name of registered agent and title if applicable.

Debbie Chamberland DST

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/02**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	DP <input type="checkbox"/> Delete
NAME	MCCLLOUD, JOHN
STREET ADDRESS	13721 LINDEN DR
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	<input type="checkbox"/> Delete
NAME	DST
STREET ADDRESS	CHAMBERLAND, DEBBIE
CITY-ST-ZIP	13721 LINDEN DR 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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* **DEBBIE** **CHAMBERLAND** **DATE** **4/15/02** **352** **650-6568**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

04300002

AV

CR2E034 (9/01)