

# 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

WEBSERVER, 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  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3450567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

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

McCloud, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

DST 4/15/02

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, 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 ☐ Delete  
 NAME DP  
 STREET ADDRESS MCCLLOUD, JOHN  
 CITY-ST-ZIP 13721 LINDEN DR  
 SPRING HILL FL 34609

TITLE ☐ Delete  
 NAME DST  
 STREET ADDRESS CHAMBERLAND, DEBBIE  
 CITY-ST-ZIP 13721 LINDEN DR  
 SPRING HILL FL 34609

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

4/15/02 352  
 650-6568  
 Daytime Phone #

CR2E034 (9/01)