FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90433 022 ***150.00

DOCUMENT # P97000060824

1. Entity Name
STICKY WEB, INC.

636337

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
411 EAST ATLANTIC AVE.	411 EAST ATLANTIC AVE.
Suite, Apt. #, etc. #6	Suite, Apt. #, etc. #6
City & State DELRAY BEACH, FL.	City & State DELRAY BEACH, FL.
Zip 33483 Country USA	Zip 33483 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name THOMAS L. DISTEFANO III

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

2898 NW 26TH CT

City BOCA RATON, FL. **FL** Zip Code 33434

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 _____ THOMAS L. DISTEFANO III/CHAIRMAN APRIL 10, 2002

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	C/P THOMAS L. DISTEFANO III 2898 NW 26TH CT. BOCA RATON, FL., 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP CHRISTOPHER L. MONTELONE 9705 VINEYARD CT. BOCA RATON, FL., 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOTHY D. LADD 44 NORTH ST., MATTAPOISETT, MA., 02739
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ THOMAS L. DISTEFANO III APRIL 10, 2002 561-265-1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #