2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91188 039 ***150.00

DOCUMENT

P97000071040

1. Entity Name

U.S. WEB TECH, INC.

Principal Place of Business Mailing Address ~~~~ 630 SE SOUTHWOOD TRAIL 630 SE SOUTHWOOD TRAIL STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State FEI Number 65-0785742 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BESCHEN, JAMES Street Address (P.O. Box Number is Not Acceptable) **630 SE SOUTHWOOD TRAIL** STUART FL 34997 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PSTD** TITLE ☐ Addition ☐ Delete BESCHEN, JAMES E NAME NAME STREET ADDRESS 630 SE SOUTHWOOD TRAIL STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like propowered.

NAME

TITLE

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP TITLE

SIGNATURE:

TITLE

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

wei AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

□ Delete

☐ Change

☐ Change

☐ Change

Addition

☐ Addition