

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071628

1. Entity Name :

WEB SERVICES INTERNATIONAL, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90043 029 ***158.75

Principal Place of Business 226-5 SOLANA RD. SUITE 223 PONTE VEDRA BEACH FL 32082	Mailing Address 233 AQUARIUS CIR., N JAX FL 32216-1533
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Web Services Intl. 6131 S. Norcross-Tucker Rd. Suite 500, #136 Norcross, GA 30093-5523
City & State	City & State
Zip	Country
	U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3464392	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARABALLO, RICHARD 233 AQUARIUS CIR., N JAX FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, KENNETH R 1443 COVE LANDING DRIVE ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, KENNETH R. PSC 825 BOX 54 FPO AE 09681 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, LORRAINE C 159 PABLO POINT DRIVE JACKSONVILLE FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARABALLO, RICHARD 233 AQUARIUS CIR., N JAX FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP EVERETTE, BEVERLY J 8798 SPRING HARVEST LN JAX FL 32244 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACK POWELL 153 MARIETTA STREET ALPHARETTA, GA 30023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: KONANTO RICHARD DIRECTOR PRES. MAY 01, 2000 0113909579/-3286

CR2E034 (9/99)