## 2001 UNIFORM BUSINESS REPORT (UBR)

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

## FILED May 03, 2001 8:00 am DOCUMENT # P97000084735 Secretary of State 1. Entity Name INSIDE WEB, INC. 05-03-2001 91140 034 \*\*\*150.00 Principal Place of Business Mailing Address 1275 LAKE HEATHROW LN 1275 LAKE HEATHROW LN STE 115 STE 115 HEATHROW FL 32746 HEATHROW FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 59-3472041 Not Applicable Country Zip 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 LEONE, JAMES R 1275 LAKE HEATHROW LANE **STE 115 HEATHROW FL 32746** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 TITLE ☐ Delete WIMBISH, GEORGE NAME STREET ADDRESS STREET ADDRESS 1275 LAKE HEATHROW LN, STE 115 CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL 32746 TITLE ٧D □ Delete TITLE DS NAME GOOD, ROBERT NAME STREET ADDRESS STREET ADDRESS 1275 LAKE HEATHROW LN. STE115 CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL 32746 Delete R. HOEFT JERALD 1275 LAKE HEATHROW LANE, STE 115 NAME NAME LEONE, JAMES R STREET ADDRESS STREET ADDRESS 1275 LAKE HEATHROW LN, STE 115 CITY-ST-7/P CITY-ST-7IP HEATHROW HEATHROW FL 32746 ☐ Addition ☐ Delete TITLE TITLE NAME GRAHAM, RUSSELL M NAME STREET ADDRESS STREET ADDRESS 1275 LAKE HEATHROW LN, STE 115 CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL 32746 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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