## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2002 8:00 am & Secretary of State P97000084735 DOCUMENT # 1. Entity Name 05-03-2002 90161 012 \*\*\*150.00 INSIDE WEB, INC. 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 City & State 4. FEI Number Applied For 59-3472041 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOEFT, JERALD R Street Address (P.O. Box Number is Not Acceptable) 1275 LAKE HEATHROW LANE **STE 115 HEATHROW FL 32746** 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. SIGNATURE 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME WIMBISH, GEORGE NAME STREET ADDRESS 1275 LAKE HEATHROW LN. STE 115 STREET ADDRESS CITY-ST-ZIP **HEATHROW FL 32746** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOOD, ROBERT NAME STREET ADDRESS 1275 LAKE HEATHROW LN, STE115 STREET ADDRESS CITY-ST-ZIP **HEATHROW FL 32746** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HOEFT, JERALD R NAME STREET ADDRESS 1275 LAKE HEATHROW LN, STE 115 STREET ADDRESS CITY-ST-ZIP **HEATHROW FL 32746** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition GRAHAM, RUSSELL M NAME STREET ADDRESS 1275 LAKE HEATHROW LN, STE 115 STREET ADDRESS CITY-ST-ZIP **HEATHROW FL 32746** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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-7IP 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

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