## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 22, 2002 8:00 am P98000017522 DOCUMENT # **Secretary of State** 1. Entity Name 07-22-2002 90168 046 \*\*\*150.00 WEBAD DESIGNS, INC. Mailing Address Principal Place of Business PO BOX 781183 P.O. BOX 12736 FORESTEDGE CIRCLE ORLANDO FL 32778 FORESTEDGE CIRCLE US ORLANDO FL 32828 3. Mailing Address 2. Principal Place of Business O BOX 156 5015 SHELL STREAM BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State VEW PORT CICHET Applied For 4. FEI Number 59-3541059 Not Applicable 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 TAFFORD STAFFORD, JIM Street Address (P.O. Box Number is Not Acceptable) 12736 FORESTEDGE CIRCLE 5015 SHELL STREAM BLUD. ORLANDO FL 32828 8. The above named entity submits this platement 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 agen SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE TITLE STAFFORD, JAMES F SOIS SHELL STREAM BLUD NEW PORT RICHEY FL 34652 STAFFORD, JAMES F NAME NAME 12736 FORESTEDGE CIR STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE STAFFORD, JODI L 5013 SHELL STREAM BLUD STAFFORD, JODI L NAME NAME 12736 FORESTEDGE CIR STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34652 CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-7IP ☐ Delete TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change □ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(4/02)CR2E034 atlachment

7/15/02 BUI3/104

To whom it may concern,

Earlier this year I moved my business from the Orlando area to New Port Richey and never received a 2002 UBR form to fill out. The first notice I received was this current form (I am sending you) with late fees added. I talked with your office and they said I could send in this form with the original \$150.00 fee and it would be straighten out. As you can see by my form, address will need to be changed.

Thank you for your time.

Jim Stafford

Webad Designs inc.