

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041882

1. Entity Name

WEB COMMUNITY SERVICES, INC.

Principal Place of Business

1019 PELICAN LANE
ROCKLEDGE FL 32955

Mailing Address

1019 PELICAN LANE
ROCKLEDGE FL 32955

2. Principal Place of Business

7667 N WICKHAM RD

3. Mailing Address

7667 N WICKHAM RD

Suite, Apt. #, etc.

#909

Suite, Apt. #, etc.

#909

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32940

Country

USA

Zip

32940

Country

USA

6. Name and Address of Current Registered Agent

HANKINS, PETER C
1019 PELICAN LANE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

PETER C. HANKINS

Street Address (P.O. Box Number is Not Acceptable)

7667 N. WICKHAM RD., #909

City

MELBOURNE

FL

Zip Code

32940

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

Peter C. Hankins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME HANKINS, PETER C
STREET ADDRESS 1019 PELICAN LN
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME PETER C. HANKINS
STREET ADDRESS 7667 N. WICKHAM RD., #909
CITY-ST-ZIP MELBOURNE, FL 32940 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Peter C. Hankins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/01

Daytime Phone #

321-242-2089



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)