

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

05-30-2000 90104 022 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P08000000023				FILED May 30, 2000 8:00 a Secretary of State 05-30-2000 90104 022 ***150.00			
				DO NOT WRITE IN THIS SPACE			
1. Entity Name 3RD W.E.B. SYSTEMS, INCORPORATED							
Principal Place of Business 8086 QUEEN PALM LN #317 FORT MYERS, FL 33912				Mailing Address 8086 QUEEN PALM LANE #317 FORT MYERS, FL 33912			
2. Principal Place of Business 8086 QUEEN PALM LN Suite, Apt. #, etc. #317 City & State FORT MYERS FL Zip 33912 Country USA				3. Mailing Address 8086 QUEEN PALM LN Suite, Apt. #, etc. #317 City & State FORT MYERS, FL Zip 33912 Country USA			
4. FEI Number 65-0850587				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				Fee Required \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAM E. BRIANT 8086 QUEEN PALM LN #317 FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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				WILLIAM E. BRIANT PRES DATE 5/8/00 (NOTE: Registered Agent signature required when reinstating)			
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"/>				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00-May Be Added to Fees			
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILLIAM E. BRIANT 8086 QUEEN PALM LN #317 FORT MYERS, FL 33912			<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"/> Change <input type="checkbox"/> Addition			
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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:				Date 5/8/00 Daytime Phone # 941-274-9845			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							