

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075454

1. Entity Name

WEBFINITY INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90014 030 ***158.75

00001421



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2307 WEBBER ST.
SARASOTA FL 34239

Mailing Address
2307 WEBBER ST.
SARASOTA FL 34239-5333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3533994** ☒ Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIWCIO, ARTHUR J
25 HUNTINGTON DR.
LARGO FL 33771

Name Timothy A. Turcotte
Street Address (P.O. Box Number is Not Acceptable)
2307 WEBBER ST
SARASOTA,
City FL Zip Code 34239

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 Timothy A. Turcotte Timothy A. Turcotte 1-5-00
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TURCOTTE, MARY ANN	
STREET ADDRESS	2307 WEBBER ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURCOTTE, TIMOTHY	
STREET ADDRESS	2307 WEBBER ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE Mary Ann Turcotte MARY ANN TURCOTTE 1-1-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941-653-6886