

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90004 036 \*\*\*550.00

DOCUMENT # P98000080167

1. Corporation Name  
WEB PARTNERS, INC.

Principal Place of Business  
1885 BOUGAINVILLEA  
SARASOTA FL 34239

Mailing Address  
1885 BOUGAINVILLEA  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2001 Siesta Drive

26 2001 Siesta Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Sarasota, Florida

Zip

24 34239

Country

25 USA

27 City & State

28 Sarasota, Florida

Zip

29 34239

Country

30 USA

9. Name and Address of Current Registered Agent

SIEB, DOUGLAS M ESQ.  
240 N. WASHINGTON BLVD., SUITE 200  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

King, Cliff

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

1800 Second Street

83

Suite #855

84 City

Sarasota

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \*

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

8-12-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
President  
Willy Wade  
STREET ADDRESS  
2001 Siesta Drive  
CITY-ST-ZIP  
Sarasota, Florida 34239

TITLE ☐ DELETE

NAME  
Secretary  
Santia Rohatgi  
STREET ADDRESS  
2001 Siesta Drive  
CITY-ST-ZIP  
Sarasota, Florida 34239

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/99 (941) 363-9700

0476714

CR2E034 (11/98)