

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083184

1. Entity Name

WEBTANK, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90068 036 \*\*\*158.75

Principal Place of Business

Mailing Address

4617 W. LOWELL AVE.  
TAMPA FL 33629

4617 W. LOWELL AVE.  
TAMPA FL 33629-7628

2. Principal Place of Business

109 N. BRUSH ST.

3. Mailing Address

109 N. BRUSH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33602

USA

33602

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNSELL, BEVERLY C  
3101 W. SAN ISIDRO  
TAMPA FL 33629

Name

John W. Munsell

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

109 N. BRUSH ST. Stee 100

City

Tampa

FL

Zip Code

33602

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

John W. Munsell, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/2000

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 ☐ Delete  
NAME P  
STREET ADDRESS MUNSELL, JOHN W  
CITY-ST-ZIP 4617 W LOWELL AVE  
TAMPA FL

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

TITLE ☐ Delete  
NAME EVP  
STREET ADDRESS MUNSELL, MICHAEL M  
CITY-ST-ZIP 1167 CITADEL DR  
ATLANTA GA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11208 BAY CLUB CT.  
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ Delete  
NAME EVP  
STREET ADDRESS FINCHER, ROBERT M  
CITY-ST-ZIP 2709 CHAMBRAY LN  
TAPA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John W. Munsell

4/20/2000

(813)835-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 (9/99)