

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90037 041 ***150.00

DOCUMENT # P98000083184

1. Entity Name
WEBTANK, INC.

449200



DO NOT WRITE IN THIS SPACE

Principal Place of Business

109 N. BRUSH ST.
 SUITE 100
 TAMPA FL 33602
 US

Mailing Address

109 N. BRUSH ST.
 SUITE 100
 TAMPA FL 33602
 US

2. Principal Place of Business

4617 W. Lowell Ave

3. Mailing Address

4617 W. Lowell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3534316

Applied For

Not Applicable

Zip

33629

Country

Zip

33629

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MUNSELL, JOHN W
109 N. BRUSH ST., STE 100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name *Same*

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

4617 W. Lowell Ave

City

Tampa

FL

Zip Code

33629

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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, 2002 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** ☐ Delete
 NAME **MUNSELL, JOHN W**
 STREET ADDRESS **4617 W LOWELL AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **EVP** ☒ Delete
 NAME **MUNSELL, MICHAEL M**
 STREET ADDRESS **11208 BAY CLUB CT.**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **Lonnie D. Rouse** ☐ Delete
 NAME **8861 Wrens Way**
 STREET ADDRESS **Largo, FL 33873**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02
 Date

813-864-3859
 Daytime Phone #

CR2E034 (9/01)