

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018816

1. Entity Name

WEB HOSTING TECHNOLOGIES, INC

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90150 008 ***150.00

Principal Place of Business

Mailing Address

13221 CARISA DR
PALM BEACH GARDENS FL 33410

13221 CARISA DR
PALM BEACH GARDENS FL 33410-1492

2. Principal Place of Business

3. Mailing Address

712 Sunny Pine way

P.O. 541801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

G3

City & State

City & State

WPB, FL

Lake Worth, FL

Zip

Country

Zip

Country

33415

US

33454-1801

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALICH, MIKE
13221 CARISA DR
PALM BEACH GARDENS FL 33410

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.

(NOTE: 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
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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mike Allich

4/25/00 561-841-2669

CR2E034 (9/99)