

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018816

1. Entity Name
WEB HOSTING TECHNOLOGIES, INC

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90026 012 ***150.00

Principal Place of Business

712 SUNNY PINE WAY
G3
WEST PALM BEACH FL 33415
US

Mailing Address

PO BOX 541801
LAKE WORTH FL 33454-1801
US

2. Principal Place of Business

13221 Crisa Drive
Suite, Apt. #, etc.

3. Mailing Address

PO Box 3781
Suite, Apt. #, etc.

City & State

PB6, FL

City & State

Lantana, FL

Zip

Country

33400

Zip

Country

33465-3781

4. FEI Number

65-0883555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALICH, MIKE
13221 CARISA DR
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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, 2001 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 PT
NAME ALICH, MIKE
STREET ADDRESS 712 SUNNY PINE WAY #G3
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

TITLE V
NAME DOMBROSKI, JAY
STREET ADDRESS 713 SNOWTEN DR
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:  Mike Alich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01
Date

561-833-5520
Daytime Phone #

CR2E034 (10/00)