

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90291 016 ***150.00

DOCUMENT # P99000018816

1. Entity Name
WEB HOSTING TECHNOLOGIES, INC



Principal Place of Business
**319 CLEMATIS ST.
534
WEST PALM BEACH FL 33401
US**

Mailing Address
**PO BOX 3781
LAKE WORTH FL 33454-1801
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**319 Clematis St.
Suite, Apt. #, etc.
Suite 532**

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Zip

33401

Country

US

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
701 WATERWAY VILLAGE CT.
WEST PALM BEACH FL 33413**

7. Name and Address of New Registered Agent

Name **Mike Alich**
Street Address (P.O. Box Number is Not Acceptable)
2427 24th Way
City **W.P.B. FL 33407** Zip Code **33407**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **ALICH, MIKE**
STREET ADDRESS **701 WATERWAY VILLAGE CT.**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
NAME **Mike Alich**
STREET ADDRESS **2427 24th way**
CITY-ST-ZIP **W.P.B. FL 33407**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 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

4/10/03

Date

Daytime Phone #

(561) 833-5520

CR2E034 (10/02)