

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-26-2000 90086 011 ***150.00

DOCUMENT # P99000023419

1. Entity Name

WEB DAZZLE INCORPORATED

R

Principal Place of Business

Mailing Address

4261 N.W. 55 DR.
 COCONUT CREEK FL 33073

4261 N.W. 55 DR.
 COCONUT CREEK FL 33073-5002

2. Principal Place of Business

3028 NW 91 Avenue
 Suite, Apt. #, etc.

3. Mailing Address

3028 NW 91 Avenue
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0919 855

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, EVAN
 4261 N.W. 55 DR.
 COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name
 EVAN PHILLIPS

Street Address (P.O. Box Number is Not Acceptable)
 3028 NW 91 Avenue

City
 Coral Springs FL Zip Code
 33065

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 *Evan Phillips*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPT
 PHILLIPS, EVAN
 4261 N.W. 55 DR.
 COCONUT CREEK FL 33073 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVPS
 SOLOMON, SHERRY
 4261 N.W. 55 DR.
 COCONUT CREEK FL 33073 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

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 CITY-ST-ZIP
 Change Addition

TITLE
 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: *Evan Phillips* Evan Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

DATE

954 753 9900

DAYTIME PHONE #

CR2E034 (9/99)