

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**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

3. Mailing Address

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

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

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)

DATE

4/26/00

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 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  
 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

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)