## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # P99000031130 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name WEBCONCLAVE INC. 04-17-2000 90108 004 \*\*\*150.00 Principal Place of Business Mailing Address 218 22ND STREET COURT NORTH EAST 218 22ND STREET COURT NORTH EAST **BRADENTON FL 34208 BRADENTON FL 34208-1779** 2. Principal Place of Business 3. Mailing Address 7350 SO. TAMIAMI 7350 SO TAMIAMI TR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 295 295 Applied For City & State City & State 4. FEI Number SALASOTA SARKSOTA 65-0911670 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 06 34231 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTMAN, SHANE Street Address (P.O. Box Number is Not Acceptable) 218 22ND STREET COURT NORTH EAST **BRADENTON FL 34208** 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. HARTMAN SIMME SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Delete TITLE HARTMAN, SHANE NAME NAME SO. TAMIAMI TE. # 295 7350 STREET ADDRESS 218 22ND STREET COURT NORTH EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-\$T-ZIP SAMASOTA FC. 34231 ☐ Change TITLE ☐ Delete SUSAN HARTMAN NAME 7350 SO. TAMIAMITE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.