

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90044 048 ***150.00

DOCUMENT # P99000043115

1. Entity Name

99WEBCENTRAL.COM INC.

Principal Place of Business

~~3075 WEST OAKLAND PARK BLVD.~~
~~SUITE 210~~
~~FORT LAUDERDALE FL 33111~~

Mailing Address

~~3075 WEST OAKLAND PARK BLVD.~~
~~SUITE 210~~
~~FORT LAUDERDALE FL 33311-1215~~

2. Principal Place of Business

4850 N. STATE ROAD 7

3. Mailing Address

4850 N STATE ROAD 7

Suite, Apt. #, etc.

G-104

Suite, Apt. #, etc.

G-104

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LAKES, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

605-0918864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~KLITON, TODD W~~
~~8211 WEST BROWARD BLVD.~~
~~SUITE 375~~
~~PLANTATION FL 33324~~

7. Name and Address of New Registered Agent

Name

GREG MILLER

Street Address (P.O. Box Number is Not Acceptable)

5363 NW 60 DRIVE

City

CORAL SPRINGS

FL

Zip Code

33067

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

3/15/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MILLER, GREG
5363 NORTHWEST 60TH DRIVE
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MILLER, MICHAEL
5363 NORTHWEST 60TH DRIVE
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 (954) 739-4587

CR20014 (9/93)