

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000043535**1. Entity Name
BUILDWEB TECHNOLOGIES, INC.**Principal Place of Business**101 CENTURY 21 DR.
STE 109A
JACKSONVILLE
32216

FL

Mailing Address101 CENTURY 21 DR.
STE 109A
JACKSONVILLE
32216

FL

2. Principal Place of Business
4905 BELFORT RD**3. Mailing Address**
4905 BELFORT RDSuite, Apt. #, etc.
STE 110Suite, Apt. #, etc.
STE 110City & State
JACKSONVILLE

FL

City & State
JACKSONVILLE

FL

Zip
32256

Country

Zip
32256

Country

4. FEI Number
59-3612487

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KIRCHER SALLY JESQ.**
ONE INDEPENDENT DRIVE
SUITE 3303
JACKSONVILLE
32202

FL

7. Name and Address of New Registered Agent

Name

PAMELA PALMER RCPAStreet Address (P.O. Box Number is Not Acceptable)
101 CENTURY 21 DRIVE

SUITE 109-B

City
JACKSONVILLE

FL

Zip Code
32216

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 **PAMELA R. PALMER****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	VP	<input checked="" type="checkbox"/> Delete
NAME	ZITTIN CHARLES	
STREET ADDRESS	1778 FIDDLERS RIDGE DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	P	<input type="checkbox"/> Delete
NAME	SZLEGR ALEX	
STREET ADDRESS	2067 FOREST GATE DR. E	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Alex P. Szlegr

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)