

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045053

1. Entity Name

WEB ADVERTISING TECHNOLOGIES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90915 041 ***150.00

Principal Place of Business

5173 NW 100 AVENUE
CORAL SPRINGS FL 33076

Mailing Address

5173 NW 100 AVENUE
CORAL SPRINGS FL 33076

757459

2. Principal Place of Business

1106 W Braddock St

3. Mailing Address

1106 W Braddock St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

65-0921869

Applied For

Not Applicable

Zip

33603

Country

US

Zip

33603

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SRDOCH, ROBERT M
5173 NW 100 AVENUE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

Michael W Hunter

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

1106 W. Braddock St

City

Tampa

FL

Zip

33603

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	SRDOCH, ROBERT M	
STREET ADDRESS	5173 NW 100 AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SRDOCH, CAROL LEE	
STREET ADDRESS	5173 NW 100 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, MICHAEL	
STREET ADDRESS	1106 WEST BRADDOCK	
CITY-ST-ZIP	TAMPA FL 33603	
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
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		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hunter, Michael	
STREET ADDRESS	1106 W. Braddock St	
CITY-ST-ZIP	Tampa, FL 33603	
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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0139497