

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050063

1. Entity Name

REQUEST WEB CORPORATION

Principal Place of Business

1015 SE 8TH STREET
OCALA FL 34471

Mailing Address

1015 SE 8TH STREET
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3579458

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JETT-SCHACH, EVELYN L
1015 SE 8TH STREET
OCALA FL 34471

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS JETT-SCHACH, EVELYN L
CITY-ST-ZIP 1015 SE 8TH STREET
OCALA FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS QUENTZEL, GALE L
CITY-ST-ZIP 1015 SE 8TH STREET
OCALA FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 #

FILED
Aug 14, 2000 8:00 am
Secretary of State

07-26-2000 90009 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Request Web Corporation

99-000502563
Attachment

~~309120~~

309120

1015 SE 8 Street
Ocala, FL 34471

Fax 352-622-9167
Home Phone 352-622-1357
Email eschach571@aol.com

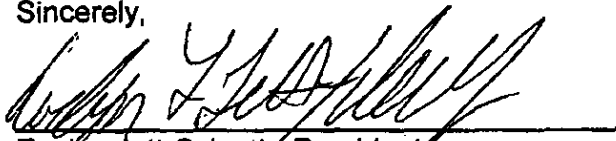
July 21, 2000

Division of Corporations
Attn.: Uniform Business Reports
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We never received the first filing notice. I spoke with your office today and they said we should send a letter stating this and enclose a check in the amount of \$150.00. Please find enclosed our uniform business report with a check in the amount of \$150.00. We appreciate your understanding in this matter.

Sincerely,



Evelyn Jett-Schach, President
Request Web Corporation