2001 UNIFORM BUSINESS REPORT (UBR)									FIL	ED				
DOCUMENT # P9900054847 1. Entity Name WEBREALTYUSA.NET, INC.								Apr 27, 2001 08:00 AM Secretary of State						
Principal Place 4910 TAMIAM SUITE 210 NAPLES 34103		S FL US		Mailing Address 4910 TAMIAMI TRAIL N SUITE 210 NAPLES 34103	US	FL								
2. Principal P		ness		3. Mailing Address 343 AIRPORT RD N		•••								
Suite, Apt.	#, etc.	··· 		Suite, Apt. #, etc.		<u>. </u>			DO NOT V	VRITE IN THI	S SPACE		–	
City & State	e	FL		City & State NAPLES		FL		. FEI Numbei 59-35823					ed For	
Zip 34104		Country		Zip 34104	Coun	itry	5	. Certificate d	of Status Desire	ed 🗌	\$8.75 Fee Red		onal	
	6. Name	and Address of C	current Re			1	7.	Name and	Address of Ne	w Registere		quired	<u></u>	+
PFESLFER WILLIAM 1124 BAMBLE ROAD NAPLES FL							RIC	HARD J Box Number	is Not Accept					-
NAPLES FL 34102					City				F	L Zip 341	Code		-	
8. The above	named entit	y submits_this state	ment for th	e purpose of changing it	s register	1		agent, or both	, in the State o	f Florida.	341	.04		1
SIGNATURE _		ARD J HO		itle if applicable. (NC	TE: Registere	d Agent signati	ure required when	n reinstating)		- 04/2	7/2001		<u></u>	
Tax filing r	-	ible to satisfy its Int and elects to do so	~	FILE NOW After MAY 1, 2 Make Check Paya	001 Fee	will be \$	550.00		ction Campaigr t Fund Contrib	-		5.00 dded to	May Be Fees	
11.		OFFICER	RS AND DIF		12.		,	ADDITIONS/C	CHANGES TO	OFFICERS AF	ND DIREC	TORS II	V 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAEFT 343 AIRP NAPLES	RICHARD ORT ROAD N	J	N Delete							□ Cha	nge [Addition	:034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ZORN 4910 TAM NAPLES	GREG HAMI TRAIL N, ST	TE 210	☐ Delete			PRES HOEFT 343 AIRE NAPLES	RICHA PORT RD N	ARD J	FL	X Cha	nge [Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Cha	nge [Addition	7
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Cha	nge [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	e et address -st-zip					☐ Cha		Addition	
of the cor	poration or ti or on an att	nt or supplemental the receiver or truste achment with an ac	report is tru se empowe Idress, with	s filing does not qualify f ee and accurate and that red to execute this report all other like empowered	my signa t as requi	fiire shail n	iave the cam	e lenal effect	se if made und	ior oath: that	I am an of	ficer or	director	
2:2:4AI	JIL			TED NAME OF SIGNING OFFICE	R OR DIRECT	ror .		LILED	04/2//2001 Date		Daytime Pho	ne#		

Date

Daytime Phone #