

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058780

1. Entity Name

WEBSITE SOLUTION CORPORATION

Principal Place of Business

350 HERON'S RUN DRIVE  
SUITE #512  
SARASOTA FL 34232

Mailing Address

350 HERON'S RUN DRIVE  
SUITE #512  
SARASOTA FL 34232

2. Principal Place of Business

6251 TUPELO TRAIL

Suite, Apt. #, etc.

3. Mailing Address

6251 TUPELO TRAIL

Suite, Apt. #, etc.

City & State

BRADENTON FLORIDA

Zip

34202

Country

USA

City & State

BRADENTON FLORIDA

Zip

34202

Country

USA

4. FEI Number

65-0961892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVESQUE, STEPHANE  
350 HERON'S RUN DRIVE  
SUITE #512  
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name  
LEVESQUE, STEPHANE  
Street Address (P.O. Box Number is Not Acceptable)  
6251 TUPELO TRAIL  
City  
BRADENTON FL Zip Code  
34202

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

*Stephane Levesque*  
Signature, typed or printed name of registered agent and title if applicable

STEPHANE LEVESQUE

(NOTE: Registered Agent signature required when reinstating)

08-31-2000

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
STEPHANE LEVESQUE  
6251 TUPELO TRAIL  
BRADENTON, FL 34202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 ☐ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Stephane Levesque*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHAN LEVESQUE

08/31/00 (941) 756-4260  
Date Daytime Phone #

FILED  
Sep 22, 2000 8:00 am  
Secretary of State

09-05-2000 90045 039 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)