

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000058906**

1. Entity Name

WEB PEOPLE INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90003 030 ***150.00

Principal Place of Business

Mailing Address

**190 S.E. 9TH STREET
POMPANO BEACH FL 33060****190 S.E. 9TH STREET
POMPANO BEACH FL 33060-8849**

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

65-0932314

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

**BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD.
SUITE 195
ORMOND BEACH FL 32176**

Name

MIKE CONNORS

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

190 SE 9 STREET

City

POMPANO BEACH

FL

Zip Code
33060

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

Mike Connors

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/2/20009. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CONNORS, MIKE	
STREET ADDRESS	190 S.E. 9TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LASOTOVITCH, ED	
STREET ADDRESS	190 S.E. 9TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 #

1/2/2000