

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90008 041 \*\*\*550.00

00068015

DOCUMENT # PA90000600073

1. Entity Name

WWW Source, Inc ✓

Principal Place of Business

Mailing Address

7211 SW 97 Lane  
 Gainesville FL  
 32608

SAME

2. Principal Place of Business

3. Mailing Address

7211 SW 97 Lane  
 Suite, Apt. #, etc.

SAME  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Gainesville FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

32608

US

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

Lee Padgett

Name

7211 SW 97 Lane

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

Gainesville FL 32608

City

FL

Zip Code

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, 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	<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	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Lee Ann Padgett
CITY-ST-ZIP	7211 SW 97 Lane Gainesville FL 32608
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillip Padgett
STREET ADDRESS	7211 SW 97 Lane
CITY-ST-ZIP	Gainesville FL 32608
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 another like empowered.

SIGNATURE:

Lee Padgett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/00 352-377-5643

Date

Daytime Phone #