## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000073016** VIAWEB, INC. 02-01-2000 90037 041 \*\*\*150.00 Principal Place of Business Mailing Address 2915 S.R. 590 2915 S.R. 590 SUITE 15 SUITE 15 CLEARWATER FL 33759 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address 2519 N. McMulton Booth Rd. 2519 N. McMullen BoothRd Suite, Apt. #, etc. Suite 510 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Junte 510 Applied For City & State City & State Not Applied. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAFARA, JANICE M Street Address (P.O. Box Number is Not Acceptable) 2519 N. Mc Mullen Dooth 2915 S.R. 590 SUITE 15 **CLEARWATER FL 33759** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Change **X** Addition TITLE □ Delete TITLE DANICE FAFARA NAME NAME 2968 Sweetgum Way S STREET ADDRESS STREET ADDRESS 33761 CITY-ST-7IP CITY-ST-ZIP Clearwater ! ☐ Change Addition Delete TITLE TITLE GLEN PAFARA NAME 2968 Sweetqum Wh STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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changed, or on an attachment with an address, with all other like empowered.

ND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR