

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073016

1. Entity Name

VIAWEB, INC.

Principal Place of Business

2519 N. McMULLEN BOOTH RD.
SUITE 510
CLEARWATER FL 33759

Mailing Address

2519 N. McMULLEN BOOTH RD.
SUITE 510
CLEARWATER FL 33759

2. Principal Place of Business

2911 SR 590

3. Mailing Address

2519 McMullen Booth Rd

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

510-354

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33759

Zip

33761

Country

Pinellas

Country

Pinellas

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90072 010 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3593900** 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

FAFARA, JANICE M
2519 N. McMULLEN BOOTH RD.
SUITE 510
CLEARWATER FL 33759

Name

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FAFARA, JANICE 2968 SWEETGUM WAY S. CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FAFARA, GLEN 2968 SWEETGUM WAY S. CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janice M. Fafara* Janice M. Fafara, President 4/30/01 727-723-2044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)