

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000074754**

1. Entity Name

DIGITAL WEB MASTERS INC



APPROVED
AND
FILED

03 OCT -6 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**18459 PINES BLVD
SUITE# 312
PEMBROKE PINES FL 33029
US**

Mailing Address
**18459 PINES BLVD
SUITE# 312
PEMBROKE PINES FL 33029
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2003

4. FEI Number **65-0974602**

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

**GROSSMAN, MARK
5201 BLUE LAGOON DRIVE #100
MIAMI FL 33126**

Name **Christopher M. Glasgow**
Street Address (P.O. Box Number is Not Acceptable)
31177 US Highway 19 North Apt 1905
City **Palm Harbor** FL Zip Code **34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09-12-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
NAME **PASCUCCI, SAM**
STREET ADDRESS **14591 SUNSET LANE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

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

TITLE **P** ☐ Delete
NAME **GLASGOW, CHRISTOPHER M**
STREET ADDRESS **6234 NW 1ST**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **P** ☒ Change ☐ Addition
NAME **Glasgow, Christopher M**
STREET ADDRESS **31177 US Highway 19 North Apt 1905**
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

09-12-03

Date

727-784-5412

Daytime Phone #

CR2E034 (4/03)