

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093806

1. Entity Name

GLOBAL WEB MEDIA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90947 033 ***150.00

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DR., STE. 302
LONGBOAT KEY FL 34228

4134 GULF OF MEXICO DR., STE. 302
LONGBOAT KEY FL 34228-2614

2. Principal Place of Business

6550 SUPERIOR AVE

3. Mailing Address

6550 SUPERIOR AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA

4. FEI Number

YL 65-0958490

Applied For

Not Applicable

Zip

34231

Country

U.S.A.

Zip

34231

Country

U.S.A.

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

KELLY, DAVID

4134 GULF OF MEXICO DR., STE. 302
LONGBOAT KEY FL 34228

Name

DAVID A. KELLY

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

6550 SUPERIOR AVE

City

SARASOTA

FL

Zip Code
34231

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

04-26-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, DAVID	
STREET ADDRESS	4134 GULF OF MEXICO DR., STE. 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. KELLY	
STREET ADDRESS	6550 SUPERIOR AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
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 all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-00

Date

941-724-4991

Daytime Phone #

CR2E034 (9/99)