

<b>DOCUMENT # P99000095963</b>			
1. Entity Name <b>WEB MARINE, INC.</b>			
Principal Place of Business 245 SW 31 STREET FT LAUDERDALE FL 33315		Mailing Address 245 SW 31 STREET FT LAUDERDALE FL 33315	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>MCMILLAN, TIMOTHY</b> 245 SW 31 STREET FT LAUDERDALE FL 33315			Name
			Street Address (if different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> <span style="float: right;"><small>(NOTE: Registered Agent signature required.)</small></span>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P McMillan, Tim</i> <i>245 sw 31st street</i> <i>Ft Lauderdale, FL 33315</i>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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		<b>12.</b>	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(b)(1) of the Internal Revenue Code because the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>[Signature]</i> <b>REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Daytime Phone # \_\_\_\_\_

## **WEB MARINE, INC**

245 SW 31 STREET  
FT. LAUDERDALE FL, 33315  
954 761 3463 FAX 954 761 7261

August 18, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Reference number: P99000095963

This letter is in response to the \$400.00 late fee that you have charged us for our payment of \$150.00. We believe the late fee imposed on us is unfair because we never received the first payment notification. The only letter we have received from you is the one that I am responding to now. We look forward to having this matter cleared up and our report filed.

We thank you in advance for your prompt resolution of this issue.

Typed: Trina Sanderman

Tim McMillan / President