## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State 372639 DOCUMENT # 1. Entity Name WEBB, INC. Principal Place of Business Mailing Address P.O. BOX 147 1351 THOMASVILLE ROAD TALLAHASSEE FL 32302-0147 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 3 59-1350076 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEBB, GAYLE G Street Address (P.O. Box Number is Not Acceptable) 1351 THOMASVILLE RD TALLAHASSEE FL 32303 Zip Code City FI 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 DATE (NOTE: Registered Agent signature required whan reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition Delete DC TITLE NAME NAME WEBB, LUCILLE C STREET ADDRESS STREET ADDRESS 2840 KILKIERANE DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 00000 Addition DC ... Delete TITLE NAME NAME WEBB, SR WAYNE S STREET ADDRESS STREET ADDRESS 2840 KILKIERANE DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ Delete ☐ Change Addition TITLE TITLE DP NAME NAME WEBB, W S, JR STREET ADDRESS STREET ADDRESS 295 ROSEHILL DR EAST CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 00000 Change ☐ Addition TITLE ☐ Delete TITLE DM NAME NAME WEBB, GAYLE G. STREET ADDRESS STREET ADDRESS 1351 THOMASVILLE ROAD CITY-ST-ZIP TALLAHASSEE, FL 00000 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.