

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90109 026 ***150.00

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AT

DOCUMENT # **P99000015679**



1. Entity Name
WEBB TIMBERLANDS, INC.

Principal Place of Business
**4744 NE COLLIN KELLY
MADISON FL 32340**

Mailing Address
**PO BOX 540
MADISON FL 32341-0540**



2. Principal Place of Business
502 S. Range St

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3564353**

Applied For
Not Applicable

Zip Country

Zip Country

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

**FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE FL 32204**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEBB, VERNAL A		NAME:	
STREET ADDRESS: PO BOX 540		STREET ADDRESS:	
CITY-ST-ZIP: MADISON FL 32341-0540		CITY-ST-ZIP:	
NAME: WEBB, W. GARY		NAME:	
STREET ADDRESS: RT 3, BOX 1102		STREET ADDRESS:	
CITY-ST-ZIP: MADISON FL 32340		CITY-ST-ZIP:	
NAME: HAMMOCK, LYNDA J		NAME:	
STREET ADDRESS: 257 NE PINEAPPLE STREET		STREET ADDRESS:	
CITY-ST-ZIP: PINETTA FL 32350		CITY-ST-ZIP:	
NAME: CHAMBLIN, JANET-S		NAME:	
STREET ADDRESS: RT 4 BOX 1449		STREET ADDRESS:	
CITY-ST-ZIP: MADISON FL 32340		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: Vernal A Webb **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-10-03 Daytime Phone #: 850-973-4107

CR2E034 (10/02)