

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 129090

1. Entity Name

WEBB'S CITRUS PACKING AND CANDY FACTORY, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90036 001 ***150.00

Principal Place of Business

Mailing Address

250 U.S. 27TH SOUTH
DAVENPORT FL 33837

250 U.S. 27TH SOUTH
DAVENPORT FLA 33837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0477200

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

WEBB, PAUL SR
291 GREENFIELDS RD.
WINTER HAVEN FL

Name

JOHN C. WEBB

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

181 GREENFIELD RD

City

WINTER HAVEN

FL

Zip Code

33884

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

PD
WEBB, PAUL V SR
291 GREENFIELD RD
WINTER HAVEN FL

☒ Delete

TITLE
NAME

S
WEBB PAUL JR
11 W SECOND ST
JAMESTOWN NY

☒ Delete

TITLE
NAME

V
WEBB, JOHN C
1035 MEDINAH CT
WINTER HAVEN, FL 00000

☐ Delete

TITLE
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PRES JOHN C. WEBB
181 GREENFIELD RD
WINTER HAVEN, FL 33884

☒ Change ☐ Addition

TITLE
NAME

SEC JOHN C. WEBB
181 GREENFIELD RD
WINTER HAVEN, FL 33884

☒ Change ☐ Addition

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRES JOHN C. WEBB

4/20/00

863

422-2999

CR2E034 (9/99)