2

200 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 129090 1. Entity Name WEBB'S CITRUS PACKING AND CANDY FACTORY, INC.								FILED 04 APR 29 PM 1:30 SECRETARY OF STATE			
Principal Place of Business 38217 HWY 27 DAVENPORT FL 33837			Mailing Address 38217 HWY 27 DAVENPORT FL 33837					SECKETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business			3. Mailing Address) 184791 STALO TIRLO SOLI) OBLIO TAISI OSLI BINST BINI OL	0(010 0 18		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	э		City & State				4. FEI Number 59-0477200 Applied For Not Applicable				}
Zip Country			Zip Count			try	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					1
						Name					
WEBB, JO					Street Address (P.O. Box Number is Not Acceptable)					1	
181 GREE						400035550304					-
WINTER H	AVEN FL 3	3884					05/06/0401007009 **150.00				4
						City		FL	Zip Code		
		y submits this statement for tered agent	or the purpos	se of changing its	register	ed office or registe	ered aç	gent, or both, in the State of Florida. I am fami	liar with, ar	nd accept	
SIGNATURE .	Signature, typed	or partied pame of registered agent	and title if applica	able. (NOT	ΓE: Registere	ed Agent signature require	d when i	reinstating) DATE			
After		PEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State			 		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added to	May Be o Fees	-
10.	,	OFFICERS AND		S	11.		Al		RECTORS	N 11	1
TITLE NAME STREET ADDRESS		OHN C ENFIELD ROAD		☐ Delete	TITU NAM STRI	E				Addition	CR2E034 (10/02)
CITY-ST-ZIP	WINIER	IAVEN FL 33884				<u> </u>			Change	Addition	Ž.
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i			Change	Addition	5
TITLE NAME STREET ADDRESS				☐ Delete		ME EET ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITU NAM				Change	☐ Addition	
CITY-ST-ZIP					CITY	Y-ST-ZIP					4
NAME STREET ADDRESS				☐ Delete		1		L) Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITE NAM STR	.E	<u> </u>] Change	Addition	_
12. I hereby	on this reportion or to or on an at	ort or supplemental report in the receiver or trustee empleachment with an address,	is true and a cowered to e with all othe	courste and that	my signa t as requ d.	ature shall have the ired by Chapter 60	eame	n 119.07(3)(i), Florida Statutes. I further certify a legal effect as if made under oath; that I am wrida Statutes; and that my name appears in Bl	an officer o	r director	