

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 282740**

1. Entity Name

H. N. WEBSTER MFG., INC.

Principal Place of Business

**6010 AIRPORT ROAD
SEBRING FL 33870
US**

Mailing Address

**P.O. BOX 1628
SEBRING FLA 33871-1628
US**

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

**TAYLOR, J. CLAGETT, JR.
6010 AIRPORT RD
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name

Joel H. Stevenson

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

6010 Airport Rd.

City

Sebring**FL**Zip Code
33870

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

**Joel H. Stevenson-President****02/13/01**

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, 2001 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

TITLE **PD** ☐ Delete
NAME **STEVENSON, JOEL H**
STREET ADDRESS **4004 HIGSON AVE**
CITY-ST-ZIP **SEBRING FL 33872**TITLE **SD** ☐ Delete
NAME **TAYLOR, J CLAGETT JR**
STREET ADDRESS **1617 N.E. LAKEVIEW DR**
CITY-ST-ZIP **SEBRING FL 33870**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

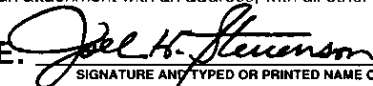
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

02/13/01

SIGNATURE

**Joel H. Stevenson - President****863-655-0343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90046 044 ***150.00

00000007

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1052393** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**