

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90181 020 \*\*\*150.00

**DOCUMENT # 330852**

1. Entity Name  
**WEBB GROVES INC**



Principal Place of Business  
**C/O EDIE YATES BAYLIS & CO., CPAs**  
**53 LAKE MORTON DRIVE**  
**LAKELAND FL 33801**  
**US**

Mailing Address **BAYLIS**  
**C/O EDIE YATES BAYLIS & CO., CPAs**  
**53 LAKE MORTON DRIVE**  
**LAKELAND FL 33801**  
**US**

**22003464**



2. Principal Place of Business  
**C/O Edie Yates, Baylis & Co. CPAs**  
Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

City & State  
Zip Country Zip Country

4. FEI Number **59-1212442** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BETRAND, ROBERT J**  
**LANE, TROHN, ET AL**  
**ONE LAKE MORTON DRIVE**  
**LAKELAND FL 33802**

7. Name and Address of New Registered Agent  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>ALEXANDER, LINDA WEBB</b> <b>3800 APSLEY COURT NW</b> <b>ATLANTA GA 30339</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELMS, HARRIET</b> <b>3800 APSLEY COURT NW</b> <b>ATLANTA GA 30339</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEBB, JAMES R</b> <b>9936 RED-ARROW HWY</b> <b>BRIDGMAN MI 49106</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CAMBRIDGE COURT</b> <b>6786 DEAN'S HILL ROAD</b> <b>BERRIEN CENTER MI 49102</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LINDA WEBB ALEXANDER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/03** **770/432-8241**  
Date Daytime Phone #

CR2E034 (10/02)