

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372639

1. Entity Name
WEBB, INC.

R

APPROVED 091400
AND
FILED

00 SEP 20 PM 3:55

Principal Place of Business

1351 THOMASVILLE ROAD

BOX 147
TALLAHASSEE FLA 32303

Mailing Address

1351 THOMASVILLE ROAD

BOX 147
TALLAHASSEE FLA 32302

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1351 Thomasville Rd

3. Mailing Address

PO Box 147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-1350076

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32302-0147

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB JR, W S

1351 THOMASVILLE RD

TALLAHASSEE 32303

7. Name and Address of New Registered Agent

Name

Webb, Gayle G

Street Address (P.O. Box Numbers Not Acceptable)

1351 Thomasville Rd

City

Tallahassee

FL

Zip Code

32303

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

Gayle G Webb, Director

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	WEBB, LUCILLE C	
STREET ADDRESS	2840 KILKIERANE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	DC	<input type="checkbox"/> Delete
NAME	WEBB, SR WAYNE S	
STREET ADDRESS	2840 KILKIERANE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WEBB, W S, JR	
STREET ADDRESS	295 ROSEHILL DR EAST	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Webb, Gayle G.	
STREET ADDRESS	1351 Thomasville Rd.	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000003419920--8

10/10/00-01809-007

****150.00 ****150.00

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:

W. S. Webb, Jr
Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/00

850 201.2226

Daytime Phone #



Office Systems Consultants

A DIVISION OF WEBB, INC.

1351-Thomasville Road • Tallahassee, FL 32303

P.O. Box 147 • Tallahassee, Florida 32302-0147

Phone: (850) 224-6514 • Fax (850) 222-2339 • Email: officesyscon@istal.com

www.officesystems.com

BRANCH OFFICES: Panama City, FL

Albany, GA

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Partitions

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& Equipment

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Equipment

Computer Hardware,
Software & Networks

September 13, 2000

Uniform Business Report

Division of Corporations

Post Office Box 1500

Tallahassee, FL 32302-1500

To Whom It May Concern:

Please note on the enclosed **Uniform Business Report** that our Principal Place of Business and Mailing Address are somewhat incorrect. We have corrected the form and ask that you correct your records accordingly.

We would like to notify you that we never received the original **Uniform Business Report** and that the Second Notice just arrived at our office within the past few days. We believe that the way that the form was addressed may have caused some confusion with the U.S. Postal Service and that may be the reason that we never received the First Notice.

We ask that you please waive the \$400.00 penalty and refund it to us. If you will please investigate our history of payments, you will see that we have always paid this fee on time throughout the past 30 years.

Thank you for your attention to this matter.

Sincerely,

WEBB, INC.

W. E. Woodward Jr.
Controller

Cc: File

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