

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90133 025 ***150.00

DOCUMENT # 415827

1. Entity Name

WEBB CHEMICAL CO., INC.

Principal Place of Business

**1042 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406-5113
US**

Mailing Address

**P O BOX 2291
POMPANO BCH FL 33061
US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 21583

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL 33416

Zip

Country

Zip

Country

4. FEI Number

59-1443210

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

SCHICHEL, WILLIAM L.**~~400 S DIXIE HWY WEST
POMPANO BEACH FL 33060~~****1042 S. Congress Ave.
WPB, FL. 33406**

Name

WILLIAM L. SCHICHEL, SR

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

1042 S. CONGRESS AVENUE

City

WEST PALM BEACH,**FL**Zip Code
33406

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

William L. Schichtel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-20019. 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 State10. 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	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DS	SCHICHEL, WILLIAM L SR	400 S DIXIE HWY WEST	POMPANO BEACH FL 33060	<input type="checkbox"/>	DS	Schichtel, William L Sr	1042 South Congress Avenue	WPB, Fla. 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	SCHICHEL, ROBERT	400 S DIXIE HWY W.	POMPANO BEACH FL	<input type="checkbox"/>	DP	Schichtel, Robert	1042 South Congress Avenue	WPB, FL. 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	HAFLEY, ROBERT M	400 S DIXIE HWY WEST	POMPANO BEACH FL 33060	<input type="checkbox"/>	DV	Hafley, Robert M.	1042 South Congress Avenue	WPB, FL. 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SCHICHEL, DOROTHY E	400 S DIXIE HWY W.	POMPANO BEACH FL	<input type="checkbox"/>	D	Schichtel, Dorothy E.	1042 South Congress Avenue	WPB, FL. 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

William L. Schichtel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-2001 561-964 3238

CR2E034 (10/00)