

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90070 047 ***150.00

DOCUMENT # 511079

1. Entity Name

WEBSTER AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

13044 DELWOOD ROAD
TAMPA FL 33624

13044 DELWOOD ROAD
TAMPA FL 33624-4306

2. Principal Place of Business

2437 GLENVIEW DRIVE

3. Mailing Address

2437 GLENVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAND O' LAKES, FLORIDA

City & State

LAND O' LAKES, FLORIDA

Zip

34639

Country

FLORIDA

Zip

34639

Country

FLORIDA

4. FEI Number

59-1780183

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

WEBSTER, LARRY EDWARD
13044 DELWOOD ROAD
TAMPA FL 33624

Name
LARRY E. WEBSTER

Street Address (P.O. Box Number is Not Acceptable)
2437 GLENVIEW DRIVE

City
LAND O' LAKES

FL

Zip Code
34639

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 *Larry E. Webster* LARRY E. WEBSTER, PRESIDENT

4/10/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBSTER, LARRY EDWARD 13044 DELWOOD ROAD TAMPA FL	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBSTER, LARRY EDWARD 13044 DELWOOD RD TAMPA FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LARRY E. WEBSTER 2437 GLENVIEW DRIVE LAND O' LAKES, FL 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARRY E. WEBSTER 2437 GLENVIEW DRIVE LAND O' LAKES, FL 34639	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Larry E. Webster LARRY E. WEBSTER

Date

Daytime Phone #

(813)

961-0054