2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003
Secretary of State

DOCUMENT# F02000003637

Entity Name: WEBB DESIGNS, INC.

Current Principal Place of Business:

1155 N JOHNSON AVE.
EL CAJON, CA 92020

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1405
EL CAJON, CA 92020

New Mailing Address:

FEI Number: 95-3773090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WEBB, BOB
Address: P.O. BOX 187
City-St-Zip: WARNER SPRINGS, CA 92086

Title: D ( ) Delete
Name: WILSON, LISA
Address: P.O. BOX 1127
City-St-Zip: EL CAJON, CA 92020

Title: D ( ) Delete
Name: WILSON, LARRY
Address: P.O. BOX 1127
City-St-Zip: EL CAJON, CA 92020

Title: P ( ) Delete
Name: WEBB, ALLISON
Address: 1547 HERON AVE.
City-St-Zip: EL CAJON, CA 92020

Title: V (X) Delete
Name: WEBB, TONY
Address: 5429 MANTUA CT.
City-St-Zip: SAN DIEGO, CA 92124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: WEBB, ALLISON
Address: 1547 HERON AVE
City-St-Zip: EL CAJON, CA 92020

Title: V (X) Change ( ) Addition
Name: WEBB, TONY
Address: 5429 MANTUA CT
City-St-Zip: SAN DIEGO, CA 92124

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON WEBB P 04/09/2003

Electronic Signature of Signing Officer or Director — Date