

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F55447

1. Entity Name
CHESTER WEBB & SONS AUTO PAINTING, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90083 042 ***150.00

Principal Place of Business C/O CHESTER WEBB 1010 N. NOVA ROAD DAYTONA BEACH FL 32117 US	Mailing Address C/O CHESTER WEBB 1010 N. NOVA ROAD DAYTONA BEACH FL 32117-4123 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2045794** 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

WEBB (CHESTER)
1010 N. NOVA ROAD
DAYTONA BEACH FL 32017

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, CHESTER, SR.		NAME		
STREET ADDRESS	1010 N. NOVA RD.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB (CHESTER), JR.		NAME		
STREET ADDRESS	1010 N. NOVA RD.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32117		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECATOR, RENEE WEBB		NAME		
STREET ADDRESS	41 LAUREL RIDGE BREAK		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEESLEY, JOY		NAME		
STREET ADDRESS	4095 QUAIL NEST LANE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, JERRY		NAME		
STREET ADDRESS	15TH ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, UDELL J.		NAME		
STREET ADDRESS	1010 N. NOVA RD.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Udell J. Webb

Date

Daytime Phone #

252-3374

CR2E034 (9/99)