

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35455

1. Entity Name

WEBSTER COLOR SERVICE INC.

Principal Place of Business

1842-3 BLANDING BLVD.
JACKSONVILLE FL 32210

Mailing Address

1842-3 BLANDING BLVD.
JACKSONVILLE FL 32210

2. Principal Place of Business

8001 Belfort Parkway
Suite, Apt. #, etc.
Suite 140

3. Mailing Address

8001 Belfort Parkway
Suite, Apt. #, etc.
Suite 140

City & State

Jacksonville, FL

City & State

Jacksonville FL

Zip

32256

Country

Zip

32256

Country

4. FEI Number

59-2488275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, RODGER, E
4251 N COASTAL HWY
ST AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE PD ☐ Delete
NAME WEBSTER, RODGER E.
STREET ADDRESS 4251 N COASTAL HWY
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE STD ☐ Delete
NAME WEBSTER, RUBY
STREET ADDRESS 4251 N COASTAL HWY
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4-24-01

Date

904-281-8877

Daytime Phone #

0022160

CR2E034 (10/00)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90325 003 ***150.00



DO NOT WRITE IN THIS SPACE