

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20526

1. Entity Name

WEBB PROMOTIONS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90105 027 ***150.00

Principal Place of Business 757 HIGHWAY 98 EAST 14-214 DESTIN FL 32541 US	Mailing Address 757 HIGHWAY 98 EAST SUITE 14-214 DESTIN FL 32541-2561 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 981-3 Highway 98 East Suite, Apt. #, etc. 214	3. Mailing Address 981-3 Highway 98 East Suite, Apt. #, etc. 214
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City & State Destin Florida	City & State Destin Florida
Zip 32541	Zip 32541
Country USA	Country USA

4. FEI Number 64-0730277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WEBB, WILLIAM R.
757 HIGHWAY 98 EAST
SUITE 14-214
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name Webb, William R.
Street Address (P.O. Box Number is Not Acceptable)
981-3 Highway 98 East
Suite 214
City Destin FL Zip Code 32541

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEBB, WILLIAM R. 757 HIGHWAY 98 EAST #14-214 DESTIN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEBB, DEBORAH J. 757 HIGHWAY 98 EAST #14-214 DESTIN 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Webb, William R. 981-3 Highway 98 East # 214 Destin FL 32541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Webb, Deborah J. 981-3 Highway 98 East # 214 Destin FL 32541 <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
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: William R. Webb 4-26-00 850-837-9313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)