

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # J94026

1. Entity Name
WEBB'S TRUCK LEASING, INC.

Principal Place of Business
104 N.E. 3RD ST
SATELLITE BEACH FL 32937 US

Mailing Address
P.O. BOX 4144
PATRICK 32925 US AF

2. Principal Place of Business
5614 E. POWHATAN AV

3. Mailing Address
5614 E. POWHATAN AV

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33610

Country
US

Zip
33610

Country
US

4. FEI Number
59-2847599

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBB, BOBBY L.
6 INDRI0 BLVD
INDIAN HARBOR FL 32937 US

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)

05/01/2000

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

TITLE
NAME CST BROERS TRACY L ☐ Delete
STREET ADDRESS 4114 OKARA ROAD
CITY-ST-ZIP TAMPA FL 33617

TITLE
NAME D LARRY, LA MARCUS W. ☐ Delete
STREET ADDRESS 808 WINDSOR CT
CITY-ST-ZIP BRANDON FL

TITLE
NAME D WEBB, BOBBY L. ☐ Delete
STREET ADDRESS P.O. BOX 4144 N/A
CITY-ST-ZIP PATRICK AFB FL 32925

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: TRACY BROERS

CST 05/01/2000