

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90017 035 ***150.00

DOCUMENT # J94026**1. Entity Name**
WEBB'S TRUCK LEASING, INC.**Principal Place of Business****5614 E. POWHATAN AV**
TAMPA FL 33610
US**Mailing Address****5614 E. POWHATAN AV**
TAMPA FL 33610
US**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 59-2847599

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, BOBBY L.**
6 INDRIO BLVD
INDIAN HARBOR FL 32937

Name

Webb, Bobby L

Street Address (P.O. Box Number is Not Acceptable)

5614 E. Powhatan Avenue

City

Tampa**FL**Zip Code
33610**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

Bobby L Webb
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/01**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** ☐ **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **WEBB, BOBBY L**
STREET ADDRESS **P.O. BOX 4144 N/A**
CITY-ST-ZIP **PATRICK AFB FL 32925**TITLE **D** ☒ Change ☐ Addition
NAME **Webb, Bobby L**
STREET ADDRESS **5614 E. Powhatan Avenue**
CITY-ST-ZIP **Tampa, Florida 33610**TITLE **D** ☐ Delete
NAME **LARRY, LA MARCUS W.**
STREET ADDRESS **808 WINDSOR CT**
CITY-ST-ZIP **BRANDON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CST** ☐ Delete
NAME **BROERS, TRACY L**
STREET ADDRESS **4114 OKARA ROAD**
CITY-ST-ZIP **TAMPA FL 33617**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

CR2034 (10/00)