

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000729

1. Entity Name
WEBB, LORAH & COMPANY, P.L.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 AM 10:10

Principal Place of Business
1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA FL 33950

Mailing Address
1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA FL 33950-5200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0161812

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, SANKEY E III
1625 WEST MARION AVE.
SUITE 6
PUNTA GORDA FL 33950

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MRGM
STREET ADDRESS WEBB, SANKEY E III
CITY-ST-ZIP 1625 WEST MARION AVE., STE. 6
PUNTA GORDA FL 33950

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
60000314086-02/21/00-01024-004
*****50.00 *****50.00

TITLE NAME MRGM
STREET ADDRESS LORAH, GEOFFREY L
CITY-ST-ZIP 1625 WEST MARION AVE., STE. 6
PUNTA GORDA FL 33950

TITLE NAME
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CITY-ST-ZIP
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2.2.00

Date

941.637.8884

Daytime Phone #

CR2E083 (9/99)