## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #** M75633



Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90186 013 \*\*\*150.00

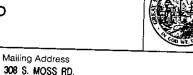
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1. Entity Name RON WEBB AGENCY, INCORPORATED

Principal Place of Business

WINTER SPRINGS FL 32708

308 S. MOSS RD.



WINTER SPRINGS FL 32708



2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2887232 Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name WEBB, RONALD W. 👡 308 MOSS ROAD Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 - After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT ☐ Delete TITLE WEBB, RONALD W. Change Addition NAME STREET ADDRESS 308 MOSS RD. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL CITY-ST-ZIP TITLE DVS ☐ Delete TITLE NAME WEBB, LINDA H. ☐ Change ☐ Addition NAME STREET ADDRESS 308 MOSS RD. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL CITY-ST-ZIP Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS

CITY-ST-7IP 12. 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 changed or on an attachment with an address, with all other like exposured.

STREET ADDRESS

SIGNATURE:

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CR2E034 (10/02)