

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2001 8:00 am**  
**Secretary of State**

MINIA AT

**DOCUMENT # M99469**

1. Entity Name

**JULIAN WEBB AND ASSOCIATES, INC.**

08-17-2001 90005 033 \*\*\*550.00

Principal Place of Business

**733 SEWELL FARMS ROAD  
 CHIPLEY FL 32428  
 US**

Mailing Address

**PO BOX 610  
 CHIPLEY FL 32428  
 US**

AM001000



2. Principal Place of Business

**1346-A Rail Road Ave.**

3. Mailing Address

**same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Chipley, Florida**

City & State

4. FEI Number

**59-2914778**

Applied For

Not Applicable

Zip

**32428**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBB, JULIAN**

**733 SEWELL FARMS ROAD  
 CHIPLEY FL 32428**

7. Name and Address of New Registered Agent

Name

**Webb, Alexina**

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

**1435 S-Blvd.,**

City

**Chipley**

**FL**

Zip Code

**32428**

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

**X Alexina Webb**

**8/15/01**

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **PTS** ☒ Delete  
 NAME **WEBB, JULIAN**  
 STREET ADDRESS **733 SEWELL FARMS RD.**  
 CITY-ST-ZIP **CHIPLEY FL**

TITLE **VC** ☒ Delete  
 NAME **WEBB, JULIAN**  
 STREET ADDRESS **733 SEWELL FARMS RD.**  
 CITY-ST-ZIP **CHIPLEY FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Change ☒ Addition  
 NAME **Webb, Alexina**  
 STREET ADDRESS **P.O. Box 610**  
 CITY-ST-ZIP **Chipley,**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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: **X Alexina Webb**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/01 (850) 638-8380**

Date

Daytime Phone #

CR2E034 (5/01)