

2001 UNIFORM BUSINESS REPORT (UBR)

3. **FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-06-2001 90326 023 ***150.00

DOCUMENT # P94000034399

1. Entity Name

WEBBY'S PUB & GRUB, INC.

Principal Place of Business

5219 W BROWARD BLVD
 PLANTATION FL 33317

Mailing Address

5219 W BROWARD BLVD
 PLANTATION FL 33317

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

65-0484563

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

**TERMINELLO, LOUIS J ESQ
 TERMINELLO & TERMINELLO, P.A.
 2700 S.W. 37TH AVENUE
 MIAMI FL 33133**

Name

Robert Webster

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

5840 Palm Tree Road

City

Plantation

FL

Zip Code

33317

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

[Signature]

ROBERT WEBSTER 3/19/01

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete

PVPS WEBSTER, ROBERT F T

STREET ADDRESS **5219 W BROWARD BLVD**

CITY-ST-ZIP **PLANTATION FL 33317**

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS **5840 Palm Tree Rd**

CITY-ST-ZIP **Plantation, FL 33317**

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

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TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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 #

[Signature]

ROBERT WEBSTER

3/19/01 954-587-2147

CR2E034 (10/00)