

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90324 022 ***158.75

DOCUMENT # P95000004180

1. Entity Name
THE WEBSTER CORPORATION



Principal Place of Business
WILSON HOUSE
11944 MOON LK RD
NEW PORT FL 34654
US

Mailing Address
7140 WESTCOTT DR
PT RICHEY FL 34668



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0550883**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KEANE, MARY E
7140 WESTCOTT DR
PT RICHEY FL 34668

Name
BELAIRE, Eugene Jr
Street Address (P.O. Box Number is Not Acceptable)
7140 WESTCOTT DR

City **Port Richey, FL** **Zip Code** **34668**

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 the obligations of registered agent.

SIGNATURE MARY E. KEANE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **BELAIRE, EUGENE JR**
STREET ADDRESS **7140 WESTCOTT DR**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **P BELAIRE, Eugene Jr** ☒ **Change** ☐ **Addition**
NAME **BELAIRE, Eugene Jr**
STREET ADDRESS **7140 WESTCOTT DR**
CITY-ST-ZIP **Port Richey FL 34668**

TITLE **T** ☒ **Delete**
NAME **BELONI, EUGENE JR.**
STREET ADDRESS **7140 WESTCOTT DR**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **T** ☒ **Change** ☐ **Addition**
NAME **BELAIRE, Eugene Jr**
STREET ADDRESS **7140 WESTCOTT DR**
CITY-ST-ZIP **Port Richey FL 34668**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene Belaire Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **01-10-03**

DAYTIME PHONE # **727 8468424**

CR2E034 (10/02)