

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90213 017 ***150.00

DOCUMENT # P96000038768

1. Entity Name
WEBBCO, INC.



Principal Place of Business
**6531 43RD STREET NORTH
#1606
PINELLAS PARK FL 33781
US**

Mailing Address
**6531 43RD STREET NORTH
#1606
PINELLAS PARK FL 33781
US**

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 **65-0672434**

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

**SCOTT, MARK
6531 43RD ST NORTH #1606
PINELLAS PARK FL 33781**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D JOHNSON, JEFF**
STREET ADDRESS **250 BOVGAINVILLEA ST.**
CITY-ST-ZIP **TAVERNIER FL 33070**

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

TITLE ☐ Delete
NAME **D RYAN, ERIC**
STREET ADDRESS **137 W. 87 TH ST**
CITY-ST-ZIP **NEW YORK NY 10024**

TITLE ☒ Change ☐ Addition
NAME **D RYAN, ERIC**
STREET ADDRESS **PO BOX 89**
CITY-ST-ZIP **OLDWICK, NJ 08858**

TITLE ☐ Delete
NAME **DVT SCOTT, MARK**
STREET ADDRESS **5320 39TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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

TITLE ☐ Delete
NAME **PS REVERE, AVERY**
STREET ADDRESS **14 TERRACE PLACE**
CITY-ST-ZIP **BROOKLYN NY 11218**

TITLE ☒ Change ☐ Addition
NAME **PS REVERE, AVERY**
STREET ADDRESS **10 LAPE COD LN.**
CITY-ST-ZIP **BARNSTABLE, MA 02630**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **SIGNATURE REVERE, AVERY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03
Date

917/270 0508
Daytime Phone #

CR2E034 (10/02)