

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90179 021 ***150.00

DOCUMENT # P97000016565

1. Entity Name

WEBSTER COATINGS, INC.

Principal Place of Business

Mailing Address

5818 SOMERSET DR
 PENSACOLA FL 32526
 US

5818 SOMERSET DR
 PENSACOLA FL 32526-1511
 US

A0019780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3441428**

Applied F.
 Not App.

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

WEBSTER, STEPHEN P
5818 SOMERSET DRIVE
PENSACOLA FL 32526

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FUSS, JOHN A**
 STREET ADDRESS **105 MAGNOLIA ST., APT 7**
 CITY-ST-ZIP **PENSACOLA FL 32570**

TITLE **second vice President** ☐ Change ☒
 NAME **Billy Joe Pitts**
 STREET ADDRESS **5818 Somerset dr**
 CITY-ST-ZIP **Pensacola, FL 32526**

TITLE **D** ☐ Delete
 NAME **SULLIVAN, EMILIE S**
 STREET ADDRESS **5818 SOMERSET DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

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

TITLE **P** ☐ Delete
 NAME **WEBSTER, STEPHEN P**
 STREET ADDRESS **5818 SOMERSET DR**
 CITY-ST-ZIP **PENSACOLA FL 32526**

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

TITLE **D** ☒ Delete
 NAME **RUSSOM, CHARLES D**
 STREET ADDRESS **2355 BERG ST.**
 CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **V** ☒ Delete
 NAME **WEBSTER, PETER**
 STREET ADDRESS **159 SAYLES ST**
 CITY-ST-ZIP **LOWELL MA 01851**

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

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

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

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 Supplemental Report, 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 #

Stephen Webster **Stephen Webster** 2/5/00 901-0896