Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am DOCUMENT # **P97000016565 Secretary of State** 1. Entity Name WEBSTER COATINGS, INC. 03-22-2001 90008 024 ***150.00 Principal Place of Business Mailing Address 5818 SOMERSET DR 5818 SOMERSET DR PENSACOLA FL 32526 PENSACOLA FL 32526 DUDGIULI US 2. Principal Place of Business South Mailing Address 395 M St 345 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3441428 Ή Pensa cola Pensacola Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6;-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent StePher WEBSTER, STEPHEN P **5818 SOMERSET DRIVE** PENSACOLA FL 32526 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 ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITL F TITLE Change FUSS, JOHN A NAME STREET ADDRESS 105 MAGNOLIA ST., APT 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32570 TITLE ☐ Delete TITLE Emilie S sulliven NAME SULLIVAN, EMILIE S NAME 1150, Faith Circle East # 2104 STREET ADDRESS **5818 SOMERSET DRIVE** STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP TITLE TITLE ☐ Delete webster stephen P 345 South M st suite A NAME WEBSTER, STEPHEN P NAME STREET ADDRESS 5818 SOMERSET DR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP Pensacula Fl 32501 Change SVP ☐ Delete □ Addition TITLE NAME PITTS, BILLY J NAMÉ Pitts , Billy zus south in st suite A STREET ADDRESS STREET ADDRESS 5818 SOMERSET DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32526 TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 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.

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR