

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031466

1. Entity Name

DALE WEBB SCREENING AND ALUMINUM, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90087 032 ***150.00

Principal Place of Business

4213 BEE RIDGE RD.
SARASOTA FL 34233

Mailing Address

4213 BEE RIDGE RD.
SARASOTA FL 34233

644119

2. Principal Place of Business

4702 Woodward Pl.
Suite, Apt. #, etc.

3. Mailing Address

4702 Woodward Pl.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number 65-0788929

Applied For

Not Applicable

Zip 34233-1821

Country USA

Zip 34233-1821

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFINGER, ENOLA H.
4509 BEE RIDGE RD #B
SARASOTA FL 34233

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WEBB, DALE	
STREET ADDRESS	4213 BEE RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4702 Woodward PL.	
STREET ADDRESS	Sarasota, FL 34233-1821	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Dale Webb

Date

Daytime Phone #

CR2E034 (10/00)