2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P99000002490** WEBB'S 99 OF INVERNESS, INC. 05-24-2000 90143 037 ***150.00 Principal Place of Business Mailing Address 2005 BROAD ST. 2005 BROAD ST. BROOKSVILLE FL 34609 BROOKSVILLE FL 34609-6817 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable <u>59-3553768</u> Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEBB, MARY E Street Address (P.O. Box Number is Not Acceptable) 2005 BROAD ST. **BROOKSVILLE FL 34609** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PDS ☐ Change TITLE ☐ Delete TITLE WEBB, MARY E NAME NAME STREET ADDRESS 2005 BROAD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34609** ☐ Change Addition VPDT ☐ Delete TITLE TITLE WEBB, ROBERT T NAME NAME STREET ADDRESS STREET ADDRESS 2005 BROAD ST. CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34609** ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attainment with an address, with all other like empowered.

TRED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR