

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90059 034 \*\*\*150.00

**DOCUMENT #** P99000061993**1. Entity Name**

Webco Pavement Coatings, Inc.

**Principal Place of Business****Mailing Address**288 Silas Ct  
Spring Hill FL 34609P.O. Box 15811  
Spring Hill, FL 34609**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3586151

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**

Name

Richard Webster

Street Address (P.O. Box Number is Not Acceptable)

288 Silas Ct

City

Spring Hill

FL

Zip Code

34609

**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.

Richard Webster

(NOTE: Registered Agent signature required when reinstating)

2/15/00

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 Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	Webster, Richard N.	288 Silas Ct	Spring Hill FL 34609	<input checked="" type="checkbox"/>
ST	Webster, Sandra M.	288 Silas Ct	Spring Hill FL 34609	<input checked="" type="checkbox"/>
D	Ake, Uta G.	288 Silas Ct	Spring Hill FL 34609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
PST	Ake, Uta G.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:**

Uta G. Ake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

630-820-8224

Daytime Phone #

CR2E034 (9/99)