

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074165

1. Entity Name
THE ROBERT J. JULIAN COMPANY

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90048 026 ***158.75

Principal Place of Business

Mailing Address

1766 7TH AVE. SW
VERO BCH FL 32962

POB 7189
VERO BCH FL 32961-7189
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1766 7th Ave, SW
Suite, Apt. #, etc.
VERO BEACH
City & State
FL

3. Mailing Address
PO Box 7189
Suite, Apt. #, etc.
City & State
VERO BEACH, FL

Zip
32962 | Country
US

Zip
32961 | Country
US

4. FEI Number **65-0702763** | 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

JULIAN, ROBERT J
825 8TH STREET
VERO BEACH FL 32961

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 DATE

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 Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Delete
NAME JULIAN, ROBERT J	
STREET ADDRESS 825 8TH STREET	
CITY-ST-ZIP VERO BEACH FL 32961	
TITLE D	<input type="checkbox"/> Delete
NAME ORI, ROBERT J	
STREET ADDRESS 608 CROSS CREEK DRIVE	
CITY-ST-ZIP SEBASTIAN FL 32958	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JULIAN, ROBERT	
STREET ADDRESS 1766 7th Ave, SW	
CITY-ST-ZIP VERO BEACH, FL 32962	
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: DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)