

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 652370

1. Entity Name

ROBERT R. SCHROCK, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90140 039 \*\*\*150.00

Principal Place of Business

176 SARASOTA CENTER BLVD.  
SARASOTA FL 34240-9257

Mailing Address

4029 BEE RIDGE PMB 5018  
SARASOTA FL 34232

2. Principal Place of Business

4312 Sawyer Road  
Suite, Apt. #, etc.

3. Mailing Address

4029 Bee Ridge Road  
Suite, Apt. #, etc.  
PMB 5018

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34233

Country

USA

Zip

34233

Country

USA

4. FEI Number

59-1965666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEBB, CHARLES W  
2172 HILLVIEW STREET  
SARASOTA FL 33579

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          | VD                    | <input type="checkbox"/> Delete |
| NAME           | SCHROCK, ROBERT R     |                                 |
| STREET ADDRESS | 3025 HAWTHORNE STREET |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34239     |                                 |
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | SCHROCK, HENRY D      |                                 |
| STREET ADDRESS | 4312 SAWYER ROAD      |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34233     |                                 |
| TITLE          | STD                   | <input type="checkbox"/> Delete |
| NAME           | SCHROCK, ESTA JANE    |                                 |
| STREET ADDRESS | 4312 SAWYER ROAD      |                                 |
| 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    |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| 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    |   |
| 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

Esta J. Schrock Esta J. Schrock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-01 941-924-1847

Date

Daytime Phone #

CR2E034 (10/00)