

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90131 001 \*1,100.00

**DOCUMENT # F05436**

1. Entity Name

**ROBERT L. FLOOD, INC.**

Principal Place of Business

**1732 INDIAN RIVER DR.  
 SEBASTIAN FL 32958  
 US**

Mailing Address

**P. O. BOX 780277  
 SEBASTIAN FL 32978  
 US**

**97833**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10720 89 ST**

3. Mailing Address

Suite, Apt. #, etc.

**VERO BEACH FL**

City & State

4. FEI Number

**59-2048296**

Applied For

Not Applicable

**32967**

Country

**IR**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FLOOD, ROBERT L**

**1732 INDIAN RIVER DR  
 SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name

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

**10720 89 ST**

**VERO BEACH**

City

**FL**

**FL**

**32967**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**

**After September 13, 2002 Fee will be \$750.00  
 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 PD  
 NAME FLOOD, ROBERT L  
 STREET ADDRESS 1732 INDIAN RIVER DR  
 CITY-ST-ZIP SEBASTIAN FL ☐ Delete

TITLE VD  
 NAME FLOOD MARY B..  
 STREET ADDRESS 1732 INDIAN RIVER DR  
 CITY-ST-ZIP SEBASTIAN FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME 10720 89 ST ☐ Change ☐ Addition  
 STREET ADDRESS VERO BEACH FL 32967  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME 10720 89 ST ☐ Change ☐ Addition  
 STREET ADDRESS VERO BEACH FL 32967  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/02 380-9943**  
 Date Daytime Phone #