F05436

DOCUMENT#

ROBERT L. FLOOD, INC.					07-25-2002 90131 001 *1,100.00		
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Principal Plac	ce of Business	Mailing Address		•			
1732 INDIAN- SEBASTIAN F US	THVER-DR TC 32958*	P. O. BOX 780277 SEBASTIAN FL 32978 US				978	33
		03				THE BUY BLOW BLOW BURNESS	() (12 () (11 () (1 24)
10720	Place of Business	3. Mailing Address	**			(U/)	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WE	RITE IN THIS SPACE	
VERSTATE BEACH FL		City & State		4. F	4. FEI Number 59-2048296 Applied For Not Applicab		
3296	Country	Zip	Country	5. C	ertificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current	Registered Agent		7. N	me and Address of New	Registered Agent	,
FLOOD, R	OBERT L		Name				
-	AN RIVER DR		Street		Number is Not Acceptab	le)	4
SEBASTIA	NFL 32958			ERO F	EACH		
0 Th h -			City		a	FL 39	967
the obligation	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	s registered office o	or registered agei	nt, or both, in the State of F	lorida. I am familiar with	n, and accept
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable (NO)	FE: Registered Agent signa				
		(1101	ir: negistalen Agent signa			DATE	
9. This corpor	ration is eligible to satisfy its Intangible	FILE NOW				DATE	
Tax filing re (See criteria		After September 1: Make Check Paya	!!! FEE IS \$550 3, 2002 Fee will I	.00 oe \$750.00	10. Election Campaign Fi Trust Fund Contribution	nancing \$5.	00 May Be
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13 Thereby certify that the information supplied with this tilling 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 changed, or on an attachment with an address, with all other like impowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description 19.07(3)(i), Florida Statutes. I further certify that the information 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

SIGNATURE: