

# 2001 UNIFORM BUSINESS REPORT (UBR)

0132677 AT

DOCUMENT # F93000002894

1. Entity Name  
BOB ROSS INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -7 PM 4:19

Principal Place of Business  
POST OFFICE BOX 946  
STERLING VA 20167

Mailing Address  
POST OFFICE BOX 946  
STERLING VA 20167



REINSTATEMENT  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-1304271

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

KOWALSKI, ANNETTE H  
757 E. 3RD AVE.  
NEW SMYRNA BEACH FL 32169

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

*Annexette S. Kowalski*  
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

30 Oct 01

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 12, 2001 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  
NAME AS  
STREET ADDRESS KOWALSKI, JOAN M  
CITY-ST-ZIP 13454 FARMCREST CT. #535  
HERNDON VA

TITLE  
NAME  
STREET ADDRESS ☒ Change ☐ Addition  
CITY-ST-ZIP 45585, Livingstone Station St.  
Sterling, Va. 20166

TITLE  
NAME DPT  
STREET ADDRESS KOWALSKI, WALTER J  
CITY-ST-ZIP 2713 CALKINS RD.  
HERNDON VA

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP 900004698099--2  
-11/29/01--01043--007  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

TITLE  
NAME DVS  
STREET ADDRESS KOWALSKI, ANNETTE H  
CITY-ST-ZIP 757 E. 3RD AVE.  
NEW SMYRNA BEACH FL

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

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Sept 01 703/802-7200  
Date Daytime Phone #

CR2E034 (5/01)