

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000002894**

1. Entity Name  
**BOB ROSS INC.**

06-26-2002 90071041\*\*\*150.00

F93000002894

FILED

02 JUL 15 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
DUIZJ000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

POST OFFICE BOX 948  
STERLING VA 20167

Mailing Address

POST OFFICE BOX 948  
STERLING VA 20167

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

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

7. Name and Address of New Registered Agent

Name **RHONDA L. BRIDGES**

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

315 S. HALIFAX DRIVE

City

ORMOND BEACH

FL

Zip Code 32176

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.

5-31-02

SIGNATURE

*Rhonda L. Bridges*

**RHONDA L. BRIDGES, REGISTRAR.**

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, 2002 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  
NAME **AS KOWALSKI, JOAN M** ☐ Delete  
STREET ADDRESS **45585 LIVINGSTONE STATION ST**  
CITY-ST-ZIP **STERLING VA 20168**

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
NAME **100006448711--8**  
STREET ADDRESS **-07/16/02--01052--009**  
CITY-ST-ZIP **\*\*\*\*400.00 \*\*\*\*400.00**  
☐ Change ☐ Addition

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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.

CR2E034 (9/01)