

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90239 010 \*\*\*150.00

**DOCUMENT # F93000005157**

1. Entity Name  
**R & L ENTERPRISES OF KENTUCKY, INC.**



Principal Place of Business  
**12806 TOWNEPARK WAY  
STE 200  
LOUISVILLE KY 40243**

Mailing Address  
**12806 TOWNEPARK WAY  
STE 200  
LOUISVILLE KY 40243**

**30061041**



2. Principal Place of Business

**7552 Navarre Parkway  
Suite 54**

3. Mailing Address

**7552 Navarre Parkway  
Suite 54**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Navarre, FL**

City & State  
**Navarre, FL**

4. FEI Number **61-1232028**

Applied For  
Not Applicable

Zip Country  
**32566**

Zip Country  
**32566**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 9. PINE ISLAND RD  
PLANTATION FL 33324**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CPS** ☐ Delete  
NAME **ROBINSON, PAUL G**  
STREET ADDRESS **12806 TOWNEPARK WAY #200**  
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **VP** ☐ Delete  
NAME **ROBINSON, PAUL W**  
STREET ADDRESS **12806 TOWNEPARK WAY, STE 200**  
CITY-ST-ZIP **LOUISVILLE KY 40243**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7552 Navarre Pkwy Ste 54**  
CITY-ST-ZIP **Navarre, FL 32566**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

**ROBINSON, PAUL G. ROBINSON, PRES. 2/4/03 850-906-9995, X 224**