

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90390 012 \*\*\*150.00

**DOCUMENT # H14873**

1. Entity Name  
**REBSA, INC.**



Principal Place of Business

**244 RIVERBEND DR  
LA GRANGE GA  
US**

Mailing Address

**244 RIVERBEND DR  
C/O ROBERT J. GAUMOND  
LA GRANGE GA 30058  
US**



2. Principal Place of Business

**259 Cortez Dr.  
Suite, Apt. #, etc.**

3. Mailing Address

**120 State Rd 312 W., Ste 1  
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

**St. Augustine FL**

City & State

**St. Augustine, FL**

4. FEI Number **59-2434756**

Applied For

Not Applicable

Zip **32086**

Country **USA**

Zip **32086**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STRICKLAND, INEZ L  
920 NE OLD VALDOSTA RD  
PINETTA FL 32350**

7. Name and Address of New Registered Agent

Name **Fredrick J. Wainio Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**120 State Rd 312 W., Ste. 1**  
City **St. Augustine** **FL** Zip Code **32086**

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 **Fredrick J. Wainio Jr. Reg. Agent 4-17-03**  
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 **DP** ☐ Delete  
NAME **TORDJMAN, MICHEL P.**  
STREET ADDRESS **1023 ESPINADO AVENUE**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **DVP** ☐ Delete  
NAME **TORDJMAN, BERNADETTE**  
STREET ADDRESS **1023 ESPINADO AVENUE**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **S** ☒ Delete  
NAME **GAUMOND, ROBERT J.**  
STREET ADDRESS **244 RIVERBEND DR**  
CITY-ST-ZIP **LA GRANGE GA**

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 **259 Cortez Dr.**  
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **259 Cortez Dr.**  
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/03**

CR2E034 (10/02)