

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90067 043 ***150.00

0513724 AV

DOCUMENT # H80318

1. Entity Name

RALPH ROBERTS REALTY, INC.

Principal Place of Business

% DAVID A. DUNKIN, P.A.
 170 WEST DEARBORN ST.
 ENGLEWOOD FL 34223

Mailing Address

% DAVID A. DUNKIN, P.A.
 170 WEST DEARBORN ST.
 ENGLEWOOD FL 34223

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

59-2620755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUNKIN, DAVID A., P.A.
170 WEST DEARBORN STREET
ENGLEWOOD FL 34223

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.

SIGNATURE

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 PD ☐ Delete
 NAME FOWLER, GEORGE H
 STREET ADDRESS 161 COCONUT AVE
 CITY-ST-ZIP ENGLEWOOD FL

TITLE VP ☐ Delete
 NAME ROBERTS, RALPH B
 STREET ADDRESS 3993 S ACCESS RD UNIT A
 CITY-ST-ZIP ENGLEWOOD FL

TITLE ST ☐ Delete
 NAME ROBERTS, RALPH
 STREET ADDRESS 3993 S. ACCESS RD. - UNIT A
 CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☐ Delete
 NAME POER, JOHN B.
 STREET ADDRESS 1738 SHADOW CREST RD
 CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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.

SIGNATURE:

Signature of David A. Dunkin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-02

CR2E034 (9/01)