## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## J19514 **DOCUMENT #**

1. Entity Name

ROBWAIT, INC.



## FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90031 007 \*\*\*150.00

Styling Country  2. Frincipal Place of Business  Size Apr. 1. ed.  Sulfo Apr. 1. ed.  Sulfo Apr. 1. ed.  City A State  City A St							O WE					
Surfo, Apt. #. offic.   Surfo, Apt. #. offic.   Surfo, Apt. #. offic.   Check Here if MAKING CHANGES    Surfo, Apt. #. offic.   Check Here if MAKING CHANGES    City & State   4. FEI Number 59-2684427   Applicable    2p				% Wi 3305	% WILLIAM C. WAITZMAN 3305 HWY. 77 NORTH PANAMA CITY FL 32405-5008							
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Zip   Country   Zip   Country   S. Contificates of Status Desired   St. 75 Additional   Recompletion   Registered Agent   St. 75 Additional   Recompletion	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Country   Zip   Country   Zip   Country   5, Certificate of Status Desired   \$8,75 Additional Fox Registered Agent	City & State				City & State			4, 5	1 5U=2684427			
WAITZMAN, WILLIAM C. 3305 HWY. 77 NORTH PANAMA CITY FL 32401  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Teachers of Registered Agent speaks agent, or both, in the State of Florida Teachers of Registered Agent speaks agent, or both, in the State of Florida Teachers of Registered Agent speaks agent, or both, in the State of Florida Teachers of Registered Agent speaks agent, or both, in the State of Florida Tea	Zip	Zip Country				Count	ry	5 Certificate of Status Desired S8.75 Additional		Iditional		
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SIGNATURE  B. The dibove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE SIGNATURES S38 AIRPORT HWY SIGNATURES S38 AIRPORT HWY SIGNATURES S38 AIRPORT HWY SIGNATURES S39 AIRPORT	·						Name					
City	Waitzmai	n, William	C.		Str			Street Address (P.O. Box Number is Not Acceptable)				
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12. Thereby 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(iii), Florida Statutes. I further	CITY-ST-ZIP						1					
	12. I hereby o	ertify that the	information supplied wi	th this filing	does not qualify for	the exen	nption 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 date and that my signature shall nave the same legal effect as it 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: