

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90021 024 \*\*\*150.00

**DOCUMENT # K42089**

1. Entity Name  
**ROBERT GRAVES TROPICAL FISH, INC.**

Principal Place of Business <b>607 7TH STREET S.W. RUSKIN FL 33570</b>	Mailing Address <b>607 7TH STREET S.W. RUSKIN FL 33570</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-0927015</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**FRECKER, WILLIAM H.  
512 E. KENNEDY BLVD  
TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>GRAVES, ROBERT J.</b>	<b>607 7TH ST. S.W. RUSKIN FL</b>				
	<b>D</b>	<b>GRAVES, SYLVIA</b>	<b>607 7TH ST. S.W. RUSKIN FL</b>				
	<b>D</b>	<b>JONES, TRUBY L JR</b>	<b>4617 SUNSET BLVD. TAMPA FL</b>				
	<b>D</b>	<b>JONES, JEAN E.</b>	<b>4617 SUNSET BLVD. TAMPA FL</b>				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert J Graves* **ROBERT J GRAVES** 4/22/02 813-645-6890  
 Date Daytime Phone #

CP2E034 (9/01)