

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90205 001 ***150.00

DOCUMENT # L50869

1. Entity Name
ROBERT JOHN, INC.



Principal Place of Business
2522 STICKNEY POINT RD
SARASOTA FL 34231
US

Mailing Address
2522 STICKNEY POINT RD
SARASOTA FL 34231
US

2. Principal Place of Business

3. Mailing Address
2800 BEE RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA FL

Zip

Country

Zip

Country

34239

SARASOTA

6. Name and Address of Current Registered Agent

BELVAL, ROBERT J
1226 NORTH BRINK AVE
SARASOTA FL 34237

4. FEI Number **65-0173019**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **BELVAL, ROBERT J**
STREET ADDRESS **1226 N. BRINK AVE.**
CITY-ST-ZIP **SARASOTA FL 34237**

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

TITLE **T** ☐ **Delete**
NAME **BELVAL, KELLY J**
STREET ADDRESS **2616 DARWIN AVE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **T** ☒ **Change** ☐ **Addition**
NAME **BELVAL KELLY J**
STREET ADDRESS **7325 JAWA DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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

1/16/03

Date

Daytime Phone #

CR2E034 (10/02)