

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90334 050 ***150.00

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DOCUMENT # P00000004650

1. Entity Name

ROBERT SANS COMPONETS, INC.



Principal Place of Business

**1151 CLAYS TRAIL
OLDSMAR FL 34677**

Mailing Address

**1151 CLAYS TRAIL
OLDSMAR FL 34677**

2. Principal Place of Business

2539 Stony Brook Lane

3. Mailing Address

2539 Stony Brook Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

59-3618080

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SANS, ROBERT
1151 CLAYS TRAIL
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

Sans, Robert

Street Address (P.O. Box Number is Not Acceptable)

2539 Stony Brook Lane

City

Clearwater

FL

Zip Code

33761

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

Robert Sans

Robert Sans President

4-25-03

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 **PD** ☐ Delete
NAME **SANS, ROBERT**
STREET ADDRESS **2400 FEATHER SOUND DRIVE, APT. 1434**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **SD** ☐ Delete
NAME **SANS, LYNN A**
STREET ADDRESS **2400 FEATHER SOUND DRIVE, APT. 1434**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **2539 Stony Brook Lane**
CITY-ST-ZIP **Clearwater FL 33761**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2539 Stony Brook Lane**
CITY-ST-ZIP **Clearwater FL 33761**

TITLE ☐ Change ☐ Addition
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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

Robert Sans

4-25-03

727-723-7353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)