2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P00000060717

Mailing Address

4349-B QUAIL RIDGE DRIVE. NORTH

1. Entity Name

GARY ROBESON, INCORPORATED



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90049 049 ***150.00

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4349B QUAIL RIDGE DRIVE. NORTH BOYNTON BEACH FL 33436			4349-B QUAIL RIDGE DRIVE. NORTH BOYNTON BEACH FL 33436								
2. Principal Place	e of Business	3. Mailing	g Address								
Suite, Apt. #,	etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City &	City & State				4. FEI Number 65-1021128 Applied For Not Applicable				
Zip	Country	Zip Count			ry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Currer	at Registered	Pagistared Agent			7. Name and Address of New Registered Agent					
		it Hogiotores	Name								
ROBESON,			Street Address			s (P.O. Bo	(P.O. Box Number is Not Acceptable)				
4349-B QUA	IL RIDGE DRIVE, NORTH										
	BEACH FL 33436										
			•					FL	Zip Code		
8. The above no the obligation	amed entity submits this statement as of registered agent.	for the purpo	se of changing its	register	ed office or regis	stered age	ent, or both, in the State of Florida.	I am fa	miliar with, a	nd accept	
SIGNATURE		eet and title if applie	ophie (NOT	E: Registere	d Agent signature requ	uired when re	einstating)	DATE			
Si	gnature, typed or printed name of registered ag	ent and title if applic	Japie.								
After !	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	00					S. Election Campaign Financi Trust Fund Contribution.	ng 🗀		May Be to Fees	
Make Check I	Payable to Florida Department			11.		ΔΓ	DITIONS/CHANGES TO OFFICER	S AND	DIRECTORS	IN 11	
10.		ND DIRECTOR		_					Change	Addition	
	PST		☐ Delete	TITI NAN							
NAME	ROBESON, GARY	NODTU	L '								
STREET ADDRESS	4349-B QUAIL RIDGE DRIVE,	NUKIR			EET ADDRESS /-ST-ZIP						
CITY-ST-ZIP	BOYNTON BEACH FL 33436		☐ Delete	TIT	F				☐ Change	☐ Addition	
TITLE			L Delete	NA!	1					1	
NAME					EET ADDRESS						
STREET ADDRESS				CIT	Y-ST-ZIP						
CITY-ST-ZIP			Delete	- TIT	LE	20 cm qu	- 21		Change	Addition	
TITLE				NA	ME						
NAME STREET ADDRESS				ST	REET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						
└ ┈──┼			☐ Delete	TIT	LE				Change	☐ Addition	
TITLE NAME				NA.	ме		•				
STREET ADDRESS				_	REET ADDRESS						
CITY-ST-ZIP			_	CI	ry-ST-ZIP					Addition	
TITLE	. V		☐ Delete	TI	TLE				Change	L_I Addition	
NAME	٧.				ME						
STREET ADDRESS	•		4		REET ADDRESS						
CITY-ST-ZIP			· .	CI	TY-ST-ZIP				Change	Addition	
TITLE			☐ Delete	ΤI	TLE				☐ Change	☐ WOOHIN	
NAME					AME						
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP					TY-ST-ZIP		n 119.07(3)(i), Florida Statutes. I fu	rtbor at	artify that the	information	
			4 4	for the e	hateta noitemou	in Section	n 119 (17(3)(i), Florida Statutes. Ftu	ланы се	a dry triat tries	,,	

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 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: .