

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020911

1. Entity Name

ROBERT KESSLER, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90082 015 \*\*\*150.00

Principal Place of Business

1031 TORTOISE COVE  
 MELBOURNE FL 32935

Mailing Address

1031 TORTOISE COVE  
 MELBOURNE FL 32935

2. Principal Place of Business

818 E. NEW HAVEN AV.

Suite, Apt. #, etc.

STE 2

MELBOURNE, FL

Zip

32901

Country

BREVARD

3. Mailing Address

818 E. NEW HAVEN AV.

Suite, Apt. #, etc.

STE 2

MELBOURNE, FL

Zip

32901

Country

BREVARD

4. FEI Number

74-3045647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KESSLER, ROBERT  
 1031 TORTOISE COVE  
 MELBOURNE FL 32935

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.

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 KESSLER, ROBERT  
 1031 TORTOISE COVE  
 MELBOURNE FL 32935

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 NANCY C. DUKEMAN  
 1031 TORTOISE COVE  
 MELBOURNE, FL 32935

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

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☐ Change ☐ Addition

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321 7234433

CR2E034 (9/01)