

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 046 ***150.00

DOCUMENT # P01000030829

1. Entity Name

ROBAR, INC.

DO NOT WRITE IN THIS SPACE

80068604

2. Principal Place of Business

3467 DELTONA BLVD.

Suite, Apt. #, etc.

3. Mailing Address

3467 DELTONA BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL, FL 34606

City & State

SPRING HILL, FL 34606

4. FEI Number

59-3717315

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PETRIZZI, ROBERT J.

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

3467 DELTONA BLVD.

City

SPRING HILL,

FL

Zip Code
34606

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 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D/E/VP
PETRIZZI, ROBERT J.
5119 FLORENTINE COURT
SPRING HILL, FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/S/T
PETRIZZI, BARBARA J.
5119 FLORENTINE COURT
SPRING HILL, FL 34608

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. PETRIZZI

Date

Daytime Phone #

CR2E034B (12/01)