

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90108 011 ***150.00

01/31/03 09:00 AM

DOCUMENT # P01000030829

1. Entity Name
ROBAR, INC.



Principal Place of Business
**3467 DELTONA BLVD
SPRING HILL FL 34606**

Mailing Address
**3467 DELTONA BLVD
SPRING HILL FL 34606**

90014490



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3717315**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETRIZZI, ROBERT J
3467 DELTONA BLVD
SPRING HILL FL 34606**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVP** Delete
NAME **PETRIZZI, ROBERT J**
STREET ADDRESS **5119 FLORENTINE COURT**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** Delete
NAME **PETRIZZI, BARBARA J**
STREET ADDRESS **5119 FLORENTINE COURT**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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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: *Robert Petrizzi* **ROBERT PETRIZZI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03
Date

Daytime Phone #

CR2E034 (10/02)