

2002 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-29-2002 90016 012 ***150.00

DOCUMENT # P01000103792

1. Entity Name
ROB ASSOCIATES, INC.

Principal Place of Business **Mailing Address**
 17266 BOCA CLUB BLVD., # 1601 17266 BOCA CLUB BLVD., # 1601
 BOCA RATON FL 33487 BOCA RATON FL 33487

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **Applied For**
 65-1156788 Not Applicable

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

SADOWSKY, ROSLYN
 17266 BOCA CLUB BLVD., # 1601
 BOCA RATON FL 33487

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 **DATE**
Signature, type or print name of registered agent If applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT SADOWSKY	
STREET ADDRESS	17266 BOCA CLUB BLVD - # 1601	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ALAN SADOWSKY	
STREET ADDRESS	17266 BOCA CLUB BLVD - # 1601	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	SECRETARY-TREASURER	<input type="checkbox"/> Delete
NAME	ROSLYN SADOWSKY	
STREET ADDRESS	17266 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

Daytime Phone #

CR2E034 (9/01)