

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03

DOCUMENT # P02000134436

1. Entity Name

Roby Kox Deeb Inc



FILED

03 JUN 11 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

JACKSONVILLE FL

3. Mailing Address

7675 COATBRIDGE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32244

Country

Zip

32244

Country

4. FEI Number

80-0052782

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Roby Kox Deeb Inc JOHN EDWARD ROBY

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

7675 COATBRIDGE TERRACE

City

JACKSONVILLE

FL

Zip Code

32244

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/12/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

OWNER
JOHN MOBY
7675 COATBRIDGE TERRACE
JACKSONVILLE FL 32244

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

300018939543
05/14/03--01050--006 **158.75

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03

Date

904-509-2482

Daytime Phone #

CR2E034B (12/02)