

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90034 032 \*\*\*150.00

**DOCUMENT # P94000060993**

1. Entity Name  
**ROBERT A. KRAMER, P.A.**

Principal Place of Business <b>316 SOUTH BAYLEN STREET          STE 560          PENSACOLA FL 32501          US</b>	Mailing Address <b>316 SOUTH BAYLEN STREET          STE 560          PENSACOLA FL 32501          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1900 E. Desoto ST.</b>	3. Mailing Address <b>1900 E. Desoto ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PENSACOLA, FL</b>	City & State <b>PENSACOLA, FL</b>	4. FEI Number <b>59-3263877</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32501</b>	Country <b>USA</b>	Zip <b>32501</b>	Country <b>USA</b>

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**

**KRAMER, ROBERT A  
 316 SOUTH BAYLEN STREET  
 SUITE 560  
 PENSACOLA FL 32501**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1900 E. Desoto ST**  
 City **PENSACOLA** FL Zip Code **32501**

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>DPS KRAMER, ROBERT A 316 S BAYLEN ST STE 560 PENSACOLA FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>1900 E. Desoto ST PENSACOLA, FL 32501</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Kramer, Pres. **ROBERT KRAMER** 1/26/01 850 433 1445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)