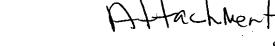
FILED

~ 2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am Secretary of State P94000082828 **DOCUMENT #** 1. Entity Name 07-10-2001 90115 019 ***150.00 BOLD ROBIN HOOD, P.A. Principal Place of Business Mailing Address 727 SELVA LAKES CIRCLE 727 SELVA LAKES CIRCLE ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3289647 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOOD, BOLD R MD Street Address (P.O. Box Number is Not Acceptable) 727 SELVA LAKE CIRCLE ATLANTIC BEACH FL 32233 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition TITLE Delete TITLE ☐ Change HOOD, BOLD R MD NAME NAME 727 SELVA LAKE CIRCLE STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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



320 Osceola Avenue

Jacksonville Beach, FL 32250

Phone 904/241-2533

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July 6, 2001

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

> Re: Uniform Business Report

> > Document # P94000082828-Bold Robin Hood, P.A.

Dear Madam or Sir,

Please see the attached Annual Report for our client referenced above. We are requesting a waiver of the late fee and ask that you accept the enclosed annual report with their full payment of \$150.00.

Dr. Hood, President of the above Corporation, did not receive the first report for the current registration period. He notified me of this as soon as he received the second notice. Dr. Hood has always been very conscientious about delivering all of his government paperwork to me and paying all yearly fees timely.

Under penalties of perjury, I declare that the above statement, to the best knowledge and belief, is true, correct, and complete.

Thank you for your help with this matter. Please contact me if you have any questions or concerns regarding this matter.

Respectfully,

William J. Mangine IIL EA

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Enclosures: Check #3054 2001 UBR

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