

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90115 019 \*\*\*150.00

**DOCUMENT # P94000082828****1. Entity Name**  
**BOLD ROBIN HOOD, P.A.****Principal Place of Business**  
**727 SELVA LAKES CIRCLE**  
**ATLANTIC BEACH FL 32233**  
**US****Mailing Address**  
**727 SELVA LAKES CIRCLE**  
**ATLANTIC BEACH FL 32233**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-3289647**

Applied For

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****HOOD, BOLD R MD**  
**727 SELVA LAKE CIRCLE**  
**ATLANTIC BEACH FL 32233**

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**HOOD, BOLD R MD**  
**727 SELVA LAKE CIRCLE**  
**ATLANTIC BEACH FL** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

Attachment  
Dr. # P94000082828  
773032

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
www.triplechecktax.com

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 III, EA

Enclosures:  
Check #3054  
2001 UBR

SECURITIES OFFERED THROUGH NPC OF AMERICA (NPCOA). MEMBER NASD/SIPC.  
TRIPLE CHECK AND NPCOA ARE SEPARATE AND UNRELATED COMPANIES.