

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90051 025 ***150.00

DOCUMENT # **096000030824**
1. Entity Name **Bob Gwiz - Bob Gwiz DKA Reuplody Inc**

Principal Place of Business Mailing Address
38 MILDRED DR SAME
FT MYER FLA 33901

2. Principal Place of Business 3. Mailing Address
38 MILDRED DR SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT Myers FLA
Zip Country Zip Country
33901 Lee 33901 Lee

4. FEI Number Applied For
65-0655817 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Robert Gwizdala
38 MILDRED DR
FT MYER FLA 33901

7. Name and Address of New Registered Agent
Name **Robert Gwizdala**
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]** DATE **3-29-01**
Signature, typed or printed name of registered agent and title 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, 2001 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

TITLE	PRES - DIRECTOR	<input type="checkbox"/> Delete
NAME	NANCY GWIZDALA	
STREET ADDRESS	38 MILDRED DR	
CITY-ST-ZIP	FT MYERS FLA 33901	
TITLE	ROCK ELECURE - DIRECTOR	<input type="checkbox"/> Delete
NAME	38 MILDRED DR	
STREET ADDRESS	FT MYER FLA 33901	
CITY-ST-ZIP		
TITLE	DIRECTOR - V	<input type="checkbox"/> Delete
NAME	JAMES PHEPULSE	
STREET ADDRESS	38 MILDRED FT MYER FLA	
CITY-ST-ZIP	33901	
TITLE	TRD - DIRECTOR - VP	<input type="checkbox"/> Delete
NAME	ROBERT GWIZDALA	
STREET ADDRESS	38 MILDRED DR	
CITY-ST-ZIP	FT MYER FLA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: **[Signature]** Date **3/29/01** Daytime Phone # **941-275-1901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)