

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90097 031 \*\*\*150.00

**DOCUMENT # P97000009287**

1. Entity Name  
**R. G. BARON, INC.**

Principal Place of Business

**460 BELLINI CIRCLE  
 NOKOMIS FL 34275**

Mailing Address

**460 BELLINI CIRCLE  
 NOKOMIS FL 34275**

871818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0723467**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GARDI, LES CPA  
 7061 S TAMiami TRAIL  
 SARASOTA FL 34231**

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. 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)

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 13, 2002 Fee will be \$750.00  
 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD  
 BARON, ROBERT G  
 460 BELLINI CIRCLE  
 NOKOMIS FL 34275** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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:

**Robert G. Baron**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
**ROBERT'S** 871818  
# P97000009287

*Personal Chauffeur Service*  
2035 Cornell Street  
Sarasota, FL 34237  
(941) 966-3529 \* (877) 567-6287 \* Fax (941) 951-0087  
[www.RobertsPersonalChauffeur.com](http://www.RobertsPersonalChauffeur.com)


Monday, September 09, 2002

Florida Department of State  
Division of Corporations

To Whom It May Concern:

On April 15<sup>th</sup> Mr. Robert Baron took the forms, 2002 Uniform Business report to his accountant. On April 17<sup>th</sup> they were returned and the checks for \$150.00 ea in the stamped envelope and mailed them to you all as of this date they have not been returned. As per his telephone conference today with your office he is resubmitting the forms For \$150.00 ea.

Respectfully yours,

  
Robert Baron

Owner