

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000066117**

1. Entity Name

ROBERT E. Senton, P.A.

FILED

04 APR 26 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 121292

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 121292

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Melbourne, FL

City & State

West Melbourne, FL

4. FEI Number

650773602

Applied For

Not Applicable

Zip

32912

Country

USA

Zip

32912

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Barbara L. Senton

Street Address (P.O. Box Number is Not Acceptable)

2756 Rouen Avenue

City

Melbourne

FL

Zip Code

32935

**DO NOT WRITE
IN THIS SPACE**

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

Barbara L. Senton

Signature, typed or printed name of registered agent and title if applicable.

Barbara L. Senton

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PSTD	TITLE	
NAME	Robert E. Senton	NAME	100035771441
STREET ADDRESS	P.O. Box 121292	STREET ADDRESS	05/07/04--01081--015 **150.00
CITY-ST-ZIP	West Melbourne, FL 32912	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Senton
President

4/26/04

Date

**(850)
386-6332**

Daytime Phone #

CR2E034B (12/01)