

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

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90006 023 ***150.00

DOCUMENT # **P 98000022393**

1. Entity Name

RBG Sherwood, Inc.



DO NOT WRITE IN THIS SPACE

24075678

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2. Principal Place of Business

905 W 26th St

3. Mailing Address

905 W 26th St

Suite, Apt. #, etc.

Apt #83

Suite, Apt. #, etc.

Apt #83

City & State

Lynn Haven, FL

City & State

Lynn Haven, FL

Zip

32444

Country

USA

Zip

32444

Country

USA

4. FEI Number

59-3516917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

R. Bruce Gordon

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

905 W 26th St

Apt #83

City

Lynn Haven

FL

Zip Code

32444

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

R. Bruce Gordon

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

(NOTE: Registered Agent signature required when reinstating)

May 13, 2004

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
R Bruce Gordon
905 W 26th St Apt #83
Lynn Haven FL 32444**

TITLE
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STREET ADDRESS
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **R. Bruce Gordon** **R. Bruce Gordon** **May 13, 2004** **(850) 522-1771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

~~Attchments~~ - 7980000 22393
24058678

May 13, 2004.

To Whom it may concern:

In January or early February 2004 I received a mailing from your office with a return service for requesting this form. I immediately mailed that request to your office, but never did receive the form.

I hope you will take this into consideration.

Thank you,

R Bruce Hordor.