

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90981 041 ***150.00

DOCUMENT # **P 98000022393**

1. Entity Name

RBG Sherwood, Inc.



DO NOT WRITE IN THIS SPACE

30049809

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

4. FEI Number

59-3516917

Applied For

Not Applicable

Zip

32444

Country

USA

Zip

32444

Country

USA

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

**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. 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)

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
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

April 5, 2003 850-522-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)