

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90365 001 ***150.00

769150

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000026422

1. Entity Name

Robert J. Small, C.P.A., P.A. /

Principal Place of Business

Mailing Address

1461 SW 82ND AVE

SAME

#1413

PLANTATION, FL. 33324

2. Principal Place of Business

3. Mailing Address

1461 SW 82ND AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1413

City & State

City & State

PLANTATION, FL.

4. FEI Number

650819806

Applied For

Not Applicable

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

Robert Small

Name

1461 SW 82ND AVE

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

#1413

PLANTATION FL. 33324

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, 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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 D PRESIDENT Robert Small
 STREET ADDRESS 1461 SW 82ND AVE #1413
 CITY-ST-ZIP PLANTATION, FL. 33324 ☐ Delete

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

954.452.9702

Date

Daytime Phone #

CR2E034 (11/00)