

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90186 025 \*\*\*150.00

0544157 AV

**DOCUMENT # P98000029667**

1. Entity Name  
**ROBERT B MALBIN, INC.**

Principal Place of Business Mailing Address  
**4770 PEBBLEBROOK DR. 4770 PEBBLEBROOK DR.**  
**OLDSMAR FL 34677 OLDSMAR FL 34677**

2. Principal Place of Business 3. Mailing Address  
**3040 SANDY LANE 3040 SANDY LANE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**LADY LAKE, FL. LADY LAKE, FL.**  
 Zip Country Zip Country  
**32162 SUMTER 32162 SUMTER**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3500554** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MALBIN, ROBERT B**  
**4770 PEBBLEBROOK DR.**  
**OLDSMAR FL 34677**

7. Name and Address of New Registered Agent  
 Name **ROBERT B. MALBIN**  
 Street Address (P.O. Box Number is Not Acceptable) **3040 SANDY LANE**  
 City **LADY LAKE FL** Zip Code **32162**

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 **ROBERT B. MALBIN**  
 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.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MALBIN, ROBERT B</b>	
STREET ADDRESS	<b>4770 PEBBLEBROOK DR.</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED** **4/25/12** **352-751-0597**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)