

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90033 049 ***150.00

DOCUMENT # P98000105985**1. Entity Name**
ROBERT'S FEED, INC.**Principal Place of Business****1660 MASTERS DRIVE**
ST AUGUSTINE FL 32095**Mailing Address****1660 MASTERS DRIVE**
ST AUGUSTINE FL 32095**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3549550**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****STERNER, ROBERT**
3295 MONUMENT BAY RD
ST AUGUSTINE FL 32092**7. Name and Address of New Registered Agent**

Name

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

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, 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	P	<input type="checkbox"/> Delete
NAME	STERNER, ROBERT	
STREET ADDRESS	3295 MONUMENT BAY RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	S	<input type="checkbox"/> Delete
NAME	STERNER, KELLEY	
STREET ADDRESS	3295 MONUMENT BAY RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

(904) 824-1525

Daytime Phone #

CR2E034 (9/01)