

3/25

FILED
May 28, 2002 8:00 am
Secretary of State

03-25-2002 90018 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P99000009878</u>			
1. Entity Name <u>ANN ROBERS, INC</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>KELLER WILLIAMS REALTY</u>		3. Mailing Address <u>13700 PARK BLVD</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>SEMINOLE, FL</u>		City & State	
Zip <u>33776</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>59-3557649</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>ROBERT H. WICKS, JR</u>			
Street Address (P.O. Box Number is not acceptable) <u>259 BRD STREET N.</u>			
City <u>ST. PETERSBURG</u> FL <u>33701</u>			
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 date if applicable. (NOTE: Registered Agent signature required when necessary) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐		JANUARY 1 - MAY 31 Fee is \$150.00 After May 31 Fee is \$550.00 Amended UBR is \$84.25 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PO</u> <u>ROBERS, ANN S.</u> <u>13700 PARK BLVD</u> <u>SEMINOLE, FL 33776</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>BOWMAN, JACKSON</u> <u>13700 PARK BLVD.</u> <u>SEMINOLE, FL 33776</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>WENDEL, GERALD R.</u> <u>4850-OSPREY-DR-206</u> <u>ST. PETERSBURG, FL 33704</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		<u>3/5/02</u> <u>727-378-9900</u> DATE DAYTIME PHONE #	

29642

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

CR2034B (12/01)