

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90321 043 \*\*\*150.00

**DOCUMENT # P99000022185**

**1. Entity Name**  
**1205 CORPORATION**

**Principal Place of Business**

**1205 9TH STREET WEST  
 BRADENTON FL 34205**

**Mailing Address**

**P.O. BOX 1334  
 BRADENTON FL 34206**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

**222-41st. Ave. East**

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

City & State

Zip

**34208**

Country

**USA**

Zip

Country

**4. FEI Number**

**65-0902714**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**BRONK, ROBERT A CEO  
 1012 65TH AVE DR W  
 BRADENTON FL 34207**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **BRONK, ROBERT A CEO**  
**STREET ADDRESS** **1012 65TH AVE. DRIVE WEST**  
**CITY-ST-ZIP** **BRADENTON FL 34207**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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**

**7/16/02**

Date

**941-750-6675**

Daytime Phone #

CR2E034 (9/01)

Attachment

Dear Sir or Madam,

7/16/02

#RR000022/85  
122308

Due to confusion we thought  
our accountant took care of this.

We did not know we were  
supposed to do this until we received  
notice.



1205 Corporation  
941-750-6675