JUN-18-02 TUE 01:08 PM TERRY+HUNT

FILED
Jun 27, 2002 8:00 am
Secretary of State
05-27-2002 90434 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031695

1. Entity Name

ROB & CHAD, INC.

DO NOT WRITE IN THIS SPACE

95357

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2921 Wood Pine Court	2921 Wood Pine Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34293 Country	Zip 34293 Country

4. FEI Number 65-0907289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Howard R.Womeldorph Jr. CPA

Street Address (P.O. Box Number is Not Acceptable) 7648 Lockwood Ridge Rd.

City Sarasota FL 34243

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] 4/4/02

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Robert M. Siroky, Jr.	NAME	
STREET ADDRESS	7275 Cloister Dr. #119	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34231	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Chad C. Hunt	NAME	
STREET ADDRESS	2921 Wood Pine Court	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34231	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert Siroky JR 4/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #