

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91416 004 ***150.00

DOCUMENT # P99000031695

1. Entity Name

ROB & CHAD, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2921 Wood Pine Court

3. Mailing Address

2921 Wood Pine Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0907289

Applied For

Not Applicable

Zip

34231

Country

Zip

34231

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Womeldorph, Howard R.

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

7648 Lockwood Ridge Road

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	Robert M. Siroky, Jr.	7275 Cloister Dr., #119	Sarasota, FL 34231
D	Chad C. Hunt	2921 Wood Pine Court	Sarasota, FL 34231

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Siroky Jr *Robert Siroky Jr*

3-11-03

Date

Daytime Phone #

CR2E034B (12/02)