

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90114 027 ***150.00

DOCUMENT # **P99000059285**

1. Entity Name

KATROB CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3160 LIVINGSTON ST

3. Mailing Address

PO B 716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

OCLOEE FL

Zip

32803

Country

Zip

34761

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CRAIG B WARD

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

105 E ROBINSON

City

ORLANDO

FL

Zip Code

32801

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

**CEO
ROBERT LANE
Box 716
OCLOEE FL 34761**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment 70036572
#P00000042989

KATROB Corporation

PO Box 716 Ocoee
Florida 34761

Wednesday 02 April 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee FL 32302 - 1500

Dear Mrs. Hood

As explained in my original letter, the reason no form was included with the check was that no form had been received.

It seemed that sending in the check on time, without the form, was a better idea than waiting for you to get around to sending the form, and sending both late.

Now here's the check for the second time.

Robert Lane

CEO and shareholder
KATROB Corporation