

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90263 016 \*\*\*150.00

**DOCUMENT # S63316**

1. Entity Name

**RALPH'S 34408, INC.**

Principal Place of Business

**34408 HWY 54 W  
 ZEPHYRHILLS FL 33543  
 US**

Mailing Address

**7350 S.TAMiami TR.  
 #226  
 SARASOTA FL 34231  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3077441**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, DANIEL E**

**7168 RUE DE PAUSADES PALISADES  
 SARASOTA FL 34238**

Name

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

**7168 RUE DE PALISADES**

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 **PST** ☐ Delete  
 NAME **ROBINSON, DANIEL E.**  
 STREET ADDRESS **7350 S. TAMiami TR., #226**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **V** ☒ Delete  
 NAME **HOSKINSON, KENNETH E.**  
 STREET ADDRESS **4905 OLD CREEK DR.**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **V** ☒ Change ☐ Addition  
 NAME **BRIDN HOSKINSON, TRUSTEE FOR K.E. HOSKINSON**  
 STREET ADDRESS **P.O. BOX 85363**  
 CITY-ST-ZIP **SARASOTA, FL 34277**

TITLE **V** ☐ Delete  
 NAME **CULLEN, JEROME**  
 STREET ADDRESS **124 EAST ST.**  
 CITY-ST-ZIP **FOXBORO MA**

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

TITLE **V** ☐ Delete  
 NAME **WINDOM, ROBERT E.**  
 STREET ADDRESS **5450 EAGLES POINT CIR.**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP ☐ Delete

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

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 duly empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL E. ROBINSON**

**PRES. 4/20/02 941 921 7853**

Date

Daytime Phone #

CR2E034 (9/01)