

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90107 018 \*\*\*150.00

**DOCUMENT # S98662**

1. Entity Name  
**ROBERT L. SHEAR, P.A.**



Principal Place of Business  
**2790 SUNSET POINT RD  
STE. #230  
CLEARWATER FL 33759  
US**

Mailing Address  
**2790 SUNSET POINT RD  
STE #230  
CLEARWATER FL 33759  
US**



2. Principal Place of Business

**2650 McCormick Dr.**

Suite, Apt. #, etc.

**Suite 130**

City & State

**Clearwater, FL**

Zip

**33759**

Country

**USA**

3. Mailing Address

**2650 McCormick Dr.**

Suite, Apt. #, etc.

**Suite 130**

City & State

**Clearwater, FL**

Zip

**33759**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3097562**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHEAR, ROBERT L.  
2790 SUNSET POINT RD  
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name

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

**2650 McCormick Dr., Suite 130**

City

**Clearwater**

FL

Zip Code

**33759**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **P** ☐ Delete

NAME **SHEAR, ROBERT L.**

STREET ADDRESS **2790 SUNSET PT RD**

CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

**2650 McCormick Dr. Suite 130**

**Clearwater, FL 33759**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-2003 727-712-1228**  
Date Daytime Phone #

CR2E034 (10/02)