

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90050 005 ***150.00

DOCUMENT # 136678

1. Entity Name
ROBBINS MANUFACTURING COMPANY

Principal Place of Business

**13001 N NEBRASKA AVE
 TAMPA FL 33612-4456
 US**

Mailing Address

**13001 N NEBRASKA AVE
 TAMPA FL 33612-4456
 US**

718796



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0424645**

Applied For

Not Applicable

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

**ROBBINS, CHARLES M
 13001 N NEBRASKA AVE
 TAMPA FL 33612**

Name

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

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, 2001 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 **SD** Delete
 NAME **ROBBINS, JEROME G II**
 STREET ADDRESS **3413 MULLEN AVE**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** Change Addition
 NAME **Scott, Charles**
 STREET ADDRESS **15269 Brice Drive**
 CITY-ST-ZIP **Brooksville, FL 34601**

TITLE **D** Delete
 NAME **ROBBINS, R J JR**
 STREET ADDRESS **101 E KENNEDY BLVD STE 3700**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** Change Addition
 NAME **Stein, Norm**
 STREET ADDRESS **3100 E. Fletcher Ave.**
 CITY-ST-ZIP **Tampa, FL 33612**

TITLE **ASAT** Delete
 NAME **ROBBINS, WILLIAM L.**
 STREET ADDRESS **4107 MULLEN AVE.**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** Change Addition
 NAME **Howze, Thomas**
 STREET ADDRESS **5414 26th Street W.**
 CITY-ST-ZIP **Bradenton, FL 34207**

TITLE **PD** Delete
 NAME **HALL, LAURENCE W JR**
 STREET ADDRESS **3003 VILLA ROSA**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ROBBINS, CHARLES M**
 STREET ADDRESS **2930 HAWTHORNE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **COTANDA, DIONEL**
 STREET ADDRESS **3320 WEST OSBORNE AVE**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Robbins
Charles M. Robbins

Date

Feb 12 2001 813-971-3130

Daytime Phone #

CR2E034 (10/00)