

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91052 030 ***150.00

UBR004 1 AV

DOCUMENT # P97000076240

1. Entity Name
ROBBINS HOMES, INC.



Principal Place of Business
**7074 BARRINGTON CIR., #201
NAPLES FL 34108**

Mailing Address
**7074 BARRINGTON CIR., #201
NAPLES FL 34108**



2. Principal Place of Business

3. Mailing Address
8805 TAMIAHI TR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
162

CHECK HERE IF MAKING CHANGES

City & State

City & State
NAPLES, FL.

4. FEI Number
59-3481168

Applied For
Not Applicable

Zip

Country

Zip
34108

Country
COLORED

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

**PFEUFFER, WILLIAM A
1124 GOODLETTE RD.
NAPLES FL 34102**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D ROBBINS, DAVID**
STREET ADDRESS **7074 BARRINGTON CIR., #201**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D ROBBINS, MARIAN**
STREET ADDRESS **7074 BARRINGTON CIR., #201**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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

3.13.03

Date

29-436-3563

Daytime Phone #

CR2E034 (10/02)