

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57889

1. Entity Name

ROBBINS BUILDERS OF SANTA ROSA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90021 035 ***150.00

Principal Place of Business

8173 E. BAY BLVD., STE A
NAVARRE FL 32566
US

Mailing Address

8173 E. BAY BLVD., STE A
NAVARRE FL 32566-8954
US

2. Principal Place of Business

8173 E. Bay Blvd

3. Mailing Address

SAME

Suite, Apt., #, etc.

SUITE A

Suite, Apt., #, etc.

City & State

NAVARRE, FL

City & State

Zip

32506

Country

SANTA ROSA

Zip

Country

4. FEI Number

59-3071320

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, CARL DOUGLAS
8173 E. BAY BLVD., STE A
NAVARRE FL 32566

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

Carl Douglas Robbins

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ROBBINS, CARL DOUGLAS	
STREET ADDRESS	8173 E. BAY BLVD., STE A	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBBINS, CARL JUSTIN	
STREET ADDRESS	8173 E. BAY BLVD., STE A	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carl Douglas Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2000 850-939-5464

CR2E034 (9/99)