


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-25-2005 90095 025 ***150.00

DOCUMENT # 111562 1. Entity Name RUBIN BROS., INC.					
Principal Place of Business P.O. BOX 3810 FT. PIERCE FL 34948 US			Mailing Address P.O. BOX 3810 FT. PIERCE FL 34948 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-0430090				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUBIN, ARTHUR H BOX 3810 FORT PIERCE FL 34948			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUBIN, ARTHUR BOX 3810 FORT PIERCE FL 34948	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>Arthur H. Rubin</u> ARTHUR H. RUBIN <u>8/22/05</u> 772-461-6428 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

U6026064

8-15-05

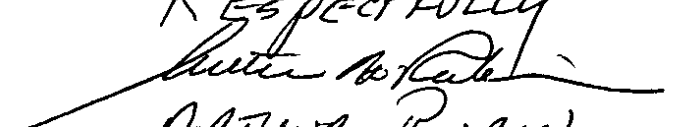
FLA. DEPT. OF STATE:

RE: # 111562

THE ORIGINAL REPORT SENT THE FIRST
PART OF EACH YEAR WAS NOT RECEIVED.
THAT IS THE REASON OF \$150.00 BEING
MAILED.

YOU WILL NOTE WE HAVE NEVER
FAILED TO MAIL BACK THE REPORT
AND CHECK ON A TIMELY BASIS.

THANKS FOR YOUR ATTENTION ON THIS,

RESPECTFULLY

ARTHUR ROBIN
ROBIN BROS INC.
BOX 3810
FT. PIERCE, FL.
34948



ATTACHMENT

660026024

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2005

RUBIN BROS., INC.
P.O. BOX 3810
FT. PIERCE, FL 34948 US

Subject: RUBIN BROS., INC.

Reference Number: 111562

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314