

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90108 012 ***150.00

DOCUMENT # 649725

1. Entity Name

ROBERT B. STAATS P.A.

Principal Place of Business

**229 MCKENZIE AVENUE
PANAMA CITY FL 32401**

Mailing Address

**229 MCKENZIE AVENUE
PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address

**1188 EISENHOWER CIRCLE
Suite, Apt. #, etc.**

**SAME
Suite, Apt. #, etc.**

City & State

LYNN HAVEN FL

City & State

LYNN HAVEN FL

Zip

Country

Zip

Country

32444 U.S.A.

4. FEI Number **59-1959081**

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

**STAATS, ROBERT B., ESQ.
229 MCKENZIE AVENUE
PANAMA CITY FL 32401**

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 **Robert B. Staats, Pres**

(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	P	<input type="checkbox"/> Delete
NAME	STAATS, ROBERT B	
STREET ADDRESS	1188 EISENHOWER CIRCLE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STAATS, TANYA J	
STREET ADDRESS	1188 EISENHOWER CIRCLE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE		<input type="checkbox"/> Delete
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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: **Robert B. Staats**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 820-265-2042

Date Daytime Phone #

CR2E034 (10/00)