

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005598

1. Entity Name

ROBISON-PREZIOSO, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90021 010 ***550.00

Principal Place of Business

10114 SHOEMAKER AVE
SANTA FE SPRGS CA 90670
US

Mailing Address

P O BOX 2448
SANTA FE SPRGS CA 90670
US

2. Principal Place of Business

3. Mailing Address

10114 SHOEMAKER AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANTA FE SPRINGS, CA

4. FEI Number

95-3662219

Applied For

Not Applicable

Zip

Country

Zip

Country

92869

US

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOUTAGNY, MARIE
10114 SHOEMAKER AVE
SANTA FE SPRGS CA 90670 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~PDS~~ PD
GOUTAGNY, PHILIPPE
10114 SHOEMAKER AVE
SANTA FE SPRGS CA 90670 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NORTON, HAROLD
10114 SHOEMAKER AVE
SANTA FE SPRGS CA 90670 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
KENNETH WEINGARTEN
10114 SHOEMAKER AVE.
SANTA FE SPRINGS, CA 90670 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
THOMPSON, JAMES F
10114 SHOEMAKER AVE
SANTA FE SPRGS CA 90670 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
DAVID TRACY
10114 SHOEMAKER AVE.
SANTA FE SPRINGS, CA 90670 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ROBERT HEGGVEIT
10114 SHOEMAKER AVE.
SANTA FE SPRINGS, CA 90670 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

7/10/00 562 906-9002

CR2E034 (5/00)