## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # H77315 1. Entity Name

## ROBERT HINEBAUGH, INC.

Principal Place of Business

Mailing Address

~ ROBERT L. HINEBAUGH

T PIERCE FL 34982

2. Principal Place of Business

% ROBERT L. HINEBAUGH 3102 ENTERPRISE RD FT PIERCE FL 34982-6475 US

3. Mailing Address

FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90126 023 \*\*\*150.00



6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  KELLY, MARVIN 3102 ENTERPRISE RD FT PIERCE FL 34982  City  FL  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 eignature required when reinstating)  DATE  9. This corporation is elligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  The PD  Make Check Payable to Department of State  PD  KELLY, MARVIN  RELECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITTLE  NAME  NAME	<u> </u>	plied For t Applicable
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  KELLY, MARVIN 3102 ENTERPRISE RD FT PIERCE FL 34982  City  FL  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 eignature required when reinstating)  DATE  9. This corporation is elligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  The PD  Make Check Payable to Department of State  PD  KELLY, MARVIN  RELECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITTLE  NAME  NAME		1 / Philopie
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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 filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  TITLE  NAME  PD  KELLY, MARVIN	istered Agent	
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	Zip Code	)
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13. I hereby certify that the information suppled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Exchanged, or on an attachment with an address, with all other like empowered.	y that the in	