

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J29266

1. Entity Name

ROBINSON EXCAVATING OF FLORIDA, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90057 007 ***150.00

Principal Place of Business

P.O. Box 1949
Ashland, KY 41105

Mailing Address

441 IOWA STREET
ASHLAND KY 41102
US

2. Principal Place of Business

7444 Botanical Pkwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1949
Suite, Apt. #, etc.

City & State

Swainsboro, FL

Zip

34238

Cou

City & State

Ashland, KY

Zip

41105-1949

Country

4. FEI Number

59-2778582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, JANET R.
P.O. Box 1949
Ashland, KY 41105

7. Name and Address of New Registered Agent

Name

Janet R. Griffiths

Street Address (P.O. Box number is not acceptable)

7444 Botanical Pkwy

City

Swainsboro

FL

Zip

34238

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

Janet R. Griffiths

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GRIFFITHS, MORRIS L.	P.O. Box 1949	Ashland, KY 41105	<input type="checkbox"/>
ST	GRIFFITHS, JANET R.	P.O. Box 1949	Ashland, KY 41105	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P.O. Box 1949	Ashland, KY 41105-1949		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	P.O. Box 1949	Ashland, KY 41105-1949		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (10/00)