

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J93081

1. Entity Name

ROBINETTE'S CERAMIC TILE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90041 049 ***150.00

Principal Place of Business

Mailing Address

C/O RODNEY ROBINETTE
2302 S.W. 53RD TERRACE
CAPE CORAL FL 33914

C/O RODNEY ROBINETTE
2302 S.W. 53RD TERRACE
CAPE CORAL FL 33914-6662

2. Principal Place of Business

3. Mailing Address

15800 Brothers Ct
Suite, Apt. #, etc.
#5

15800 Brothers Ct
Suite, Apt. #, etc.
#5

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

Zip Country
33912 Lee

Zip Country
33912 Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0012270
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

ROBINETTE, RODNEY
2302 S.W. 53RD TERRACE
CAPE CORAL FL 33914

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 _____ (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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ROBINETTE, RODNEY	
STREET ADDRESS	2302 S.W. 53RD TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBINETTE, JEAN	
STREET ADDRESS	2302 S.W. 53RD TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 941-433-3933
Date Daytime Phone #

CR2E034 (9/99)