

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90018 023 ***150.00

DOCUMENT # L27938

1. Entity Name
ROBBINS ENGINEERING, INC.

Principal Place of Business
10500 UNIVERSITY CENTER DR
#140
TAMPA FL 33615
US

Mailing Address
P O BOX 280055
P.O. BOX 280055
TAMPA FL 33682
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2981058**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ROBBINS, R. JAMES JR.
101 EAST KENNEDY BLVD. SUITE 3700
TAMPA FL 33602

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 \$150.00
After May 1, 2002 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	DC	<input type="checkbox"/> Delete
NAME	HALL, LAURENCE W. JR.	
STREET ADDRESS	13001 N. NEBRASKA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COTANDA, DIONEL	
STREET ADDRESS	13025 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ-HEYDRICH, JOSEF	
STREET ADDRESS	13025 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ALBANI, THOMAS A.	
STREET ADDRESS	13025 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, R JAMES, JR.	
STREET ADDRESS	101 E. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSHTON, JOHN M	
STREET ADDRESS	13025 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL	

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

CR2E034 (9/01)