

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L81111

1. Entity Name

ROBINSON LOOP, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90010 025 ***150.00

Principal Place of Business

Mailing Address

6720 MOCCASIN WALLOW RD
PARRISH FL 34219
US

P.O. BOX 439
PARRISH FL 34219-0439
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0207765

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

ROBINSON, WILLIAM C.
I-75 AND MOCCASIN WALLOW RD.
PARRISH FL 34219

Name

ROBINSON, WILLIAM C.

Street Address (P.O. Box Number is Not Acceptable)

6720 MOCCASIN WALLOW ROAD

City

PARRISH,

FL

Zip Code
34219

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, 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 ☐ Delete
NAME DPT
STREET ADDRESS ROBINSON, WILLIAM C.
CITY-ST-ZIP 6720 RIVERVIEW BLVD
BRADENTON FL

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

TITLE ☐ Delete
NAME S
STREET ADDRESS STEIN, SHARON
CITY-ST-ZIP 2150 73ND ST. CIRCLE W
BRADENTON FL

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS JACOBSON, SHARON STEIN
CITY-ST-ZIP 931 GROVESMERE LOOP
OCOE, FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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; that 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 in Block 13 if attached with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #