

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90227 001 ***122.50

DOCUMENT # N47571

1. Entity Name

ROBIN'S NEST OF BREVARD, INC.

Principal Place of Business

1948 PINEAPPLE AVE
 MELBOURNE FL 32935
 US

Mailing Address

1948 PINEAPPLE AVE
 MELBOURNE FL 32936-0962
 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

59-3112234

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

LLOYD, SARAH

~~2900 CENTURY OAKS CIR~~
~~PALM BAY FL 32905~~

**4665 HIDDEN LAKE PLACE
 MELBOURNE, FL 32934**

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)

4/5/01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS LLOYD, SARAH
 CITY-ST-ZIP ~~2900 CENTURY OAKS CIR~~ **4665 HIDDEN LAKE PL**
~~MALABAR FL 32950~~ **MELBOURNE, FL 32934**

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

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS YOUNG, CHERYL
 CITY-ST-ZIP 1905 FAIRLANE DR.
 TITUSVILLE FL 32786

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

TITLE ☒ Delete
 NAME DS
 STREET ADDRESS PHILLIPS, MARCIA
 CITY-ST-ZIP 597 GILBERT DR NE
 PALM BAY FL

TITLE ☒ Change ☐ Addition
 NAME **D.S.**
 STREET ADDRESS **FRANK J. WESTWELL**
 CITY-ST-ZIP **888 HUNTERS CREEK DR.**
NEST MELBOURNE, FL 32904

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SARAH L. LLOYD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01
 Date

321-152-6755
 Daytime Phone #

CR2E037 (10/00)