

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039328

1. Entity Name
MICHELLE L. ROBBINS, P.A.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90920 004 ***150.00

Principal Place of Business 17609 80TH STREET NORTH LOXAHATCHEE FL 33470	Mailing Address 17609 80TH STREET NORTH LOXAHATCHEE FL 33470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17226 73 rd Ct. N.	3. Mailing Address 17226 73 rd Court North
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Loxahatchee, FL	City & State Loxahatchee, FL
Zip 33470	Country Palm Beach

4. FEI Number 65-1004335	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WITKOWSKI, RONALD ESQ. 12798 WEST FOREST HILL BOULEVARD SUITE 202 WELLINGTON FL 33414

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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	PSTD ROBBINS, MICHELLE L 17609 80TH STREET NORTH LOXAHATCHEE FL 33470 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Michelle Robbins 4/18/01 561-333-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (President) PSTD Date Daytime Phone #

CR2E034 (10/00)