

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # :

1. Entity Name

Florida Real Property Services Inc.
900000042938

FILED

02 JUL 19 PM 1:11
05-13-2003

90249040 \$150
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5952 Juniper Creek Road
Suite, Apt. #, etc.

3. Mailing Address

5952 Juniper Creek Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Quincy FL

City & State

Quincy FL

4. FEI Number

59-3665830

Applied For

Not Applicable

Zip

32351

Country

Garden

Zip

32351

Country

Garden

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name E Robbins

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

5952 Juniper Creek Road

City

Quincy

FL

Zip Code

32351

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 E Robbins PD
NAME
STREET ADDRESS 5952 Juniper Creek Road
CITY-ST-ZIP Quincy FL 32351

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02

Date

8504426912

Daytime Phone #

To Whom It May Concern:

I filed the annual report timely & paid fees.

I received a letter that you need my FEID #.

I returned the UBR with that information, but ~~you have not posted~~
~~the information yet.~~

I am sending a second UBR with the payment information.

You should waive any additional fees.

Thanks

Elizabeth Robbins
Florida Real Property Services *Inc.*