

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90129 021 ***150.00

DOCUMENT # P00000078639

1. Entity Name

ROBBIE K. WHITLATCH, P.A.



Principal Place of Business

~~667 MARTINIQUE CT~~
~~ORANGE PARK FL 32068~~

Mailing Address

~~667 MARTINIQUE CT~~
~~ORANGE PARK FL 32068~~

2. Principal Place of Business

3866 COUNTY ROAD #218

3. Mailing Address

3866 COUNTY ROAD #218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FLORIDA

City & State

MIDDLEBURG, FLORIDA

Zip

32068

Country

CLAY

Zip

32068

Country

CLAY

4. FEI Number

59-3665592

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITLATCH, ROBBIE K

~~667 MARTINIQUE CT~~
~~ORANGE PARK FL 32068~~

7. Name and Address of New Registered Agent

Name

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

3866 COUNTY ROAD #218

City

MIDDLEBURG

FL

Zip Code

32068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
WHITLATCH, ROBBIE K
~~667 MARTINIQUE CT~~
~~ORANGE PARK FL 32068~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3866 COUNTY ROAD #218
MIDDLEBURG, FL 32068 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 607, 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:

Robbie K. Whitlatch

ROBBIE K. WHITLATCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-269-0620

CR2E034 (10/02)