

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90413 036 ***150.00

DOCUMENT #

1. Entity Name

P01000049233

Tim Robbins Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1006 Robin Dr

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plant City FL

City & State

Same

4. FEI Number

59-3720561

Applied For

Not Applicable

Zip

33566

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tim Robbins

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

1006 Robin Dr

City

Plant City

FL

Zip Code
33566

**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 file 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 \$350.00

Amended UBR is \$81.25

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
NAME

Pres

STREET ADDRESS

William T. Robbins

CITY- ST- ZIP

1006 Robin Dr

CITY- ST- ZIP

Plant City, FL 33566

TITLE
NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE
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TITLE
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 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

4-30-02

Date

Daytime Phone #

813-752-2585

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**