

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

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90001 027 ***550.00

DOCUMENT # *P01000095492*

1. Entity Name

Corbin Brothers, Inc.

DO NOT WRITE IN THIS SPACE

80132774

2. Principal Place of Business

P.O. Box 2653

3. Mailing Address

P.O. Box 2653

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Windermere, FL

City & State

Windermere FL

4. FEI Number

59-3752771

Applied For

Not Applicable

Zip

34786-2653

Country

USA

Zip

34786-2653

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Vernon E. Corbin, Jr.

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

10151 Cove Lake Dr

City

Orlando

FL

Zip Code

32836

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 *President*
NAME *Craig T. Corbin*
STREET ADDRESS *1893 S. Warbler Ct*
CITY- ST- ZIP *Libertyville, IL 60048*

TITLE *Vice President*
NAME *Vernon E. Corbin, Jr.*
STREET ADDRESS *10151 Cove Lake Dr*
CITY- ST- ZIP *Orlando, FL 32836*

TITLE *Vice President*
NAME *Scott D. Corbin*
STREET ADDRESS *9555 Westover Club Ce.*
CITY- ST- ZIP *Windermere, FL 34786*

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**DO NOT WRITE
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

Craig T. Corbin - President

Craig T. Corbin

7/24/02

847-

549-1579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)