

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90178 003 ***150.00

DOCUMENT # P01000100352

1. Entity Name

BILL ROBINSON CONSULTING, INC.

Principal Place of Business

Mailing Address

~~8019 N HIMES AVE STE #300~~
TAMPA FL 33614

~~8019 N HIMES AVE STE #300~~
TAMPA FL 33614

2. Principal Place of Business

13014 N. DALE MARY HWY

3. Mailing Address

13014 N. DALE MARY HWY

Suite, Apt. #, etc.

Suite #266

Suite, Apt. #, etc.

Suite #266

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33619

Country

USA

Zip

33619

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3749632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SAVAGE, MARCELLA~~

~~8019 N HIMES AVE STE #300~~

~~TAMPA FL 33614~~

7. Name and Address of New Registered Agent

Name **BERNIE SKERKOWSKI**

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

13014 N. DALE MARY HWY

Suite # 266

City **TAMPA**

FL

Zip Code **33618**

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

BERNARD SKERKOWSKI

4/8/2002

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **ROBINSON, BILL**
STREET ADDRESS **8019 N HIMES AVE STE #300**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Bill Robinson**
STREET ADDRESS **13014 N. DALE MARY HWY #266**
CITY-ST-ZIP **TAMPA, FL 33618**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/2002

(813)933-7593

Date

Daytime Phone #

CR2E034 (9/01)