

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90541 026 ***150.00

DOCUMENT # P02000017229

1. Entity Name
ROBIN'S NEST EMBROIDERY INC.



Principal Place of Business

~~700 COX RD.~~
~~COCOA FL 32926~~

Mailing Address

~~700 COX RD.~~
~~COCOA FL 32926~~

2. Principal Place of Business

1314 Clearlake Rd.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

City & State

Cocoa Florida

Zip

Country

32922

USA

Zip

Country

4. FEI Number

01-0600855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

PARISH, DAVID E

~~700 COX RD.~~ **1314 Clearlake Rd Ste 4**
~~COCOA FL 32926~~ **Cocoa FL 32922**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **D** ☐ Delete
NAME **PARISH, KIMBERLY G**
STREET ADDRESS ~~700 COX RD.~~ **1314 Clearlake Rd Ste 4**
CITY-ST-ZIP ~~COCOA FL 32926~~ **Cocoa FL 32922**

TITLE **D** ☐ Delete
NAME **PARISH, DAVID E**
STREET ADDRESS ~~700 COX RD.~~ **same**
CITY-ST-ZIP ~~COCOA FL 32926~~

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1314 Clearlake Rd Suite 4**
CITY-ST-ZIP **Cocoa FL 32922**

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS **same**
CITY-ST-ZIP

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

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

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

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

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: *K. SIGNATURE G. PARISH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 3216364320
Date Daytime Phone #

CR2E034 (10/02)