

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000032658**

1. Entity Name
ROBBINS WELL DRILLING INC.



Principal Place of Business
**2421 OLD SAMSULA RD.
DAYTONA BEACH FL 32128**

Mailing Address
**2421 OLD SAMSULA RD.
DAYTONA BEACH FL 32128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

010639526

Applied For

Not Applicable

5. Certificate of Status Desired ~ ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, ROBERT R SR.
2421 OLD SAMSULA RD.
DAYTONA BEACH FL 32128**

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

Robert R Robbins
(NOTE: Registered Agent signature required when reinstating)

11/15/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **ROBBINS, ROBERT R SR.**
STREET ADDRESS **2421 OLD SAMSULA RD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32128**

TITLE **J.P.** ☐ Delete
NAME **FREDERICK D. ADO**
STREET ADDRESS **2120 NICHOLS LANE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32127**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400025172134
12/03/03--01007--017 **750.00

TITLE **J.P.** ☐ Change ☒ Addition
NAME **FREDERICK D. ADO**
STREET ADDRESS **2120 NICHOLS LANE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32127**

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:

ROBERT R. ROBBINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/03 (386) 566-1282
DATE Daytime Phone #

CR2E034 (4/03)

0120861 AT

FILED

03 DEC -3 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003
☐ CHECK HERE IF MAKING CHANGES