

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003647

1. Entity Name

L D ROBBINS MASONRY, INC.

Principal Place of Business

Mailing Address

14205 MANDARIN RD
JACKSONVILLE FL 32223
US

PO BOX 600602
JACKSONVILLE FL 32260
US

2. Principal Place of Business

3. Mailing Address

JACKSONVILLE
Suite, Apt. #, etc.

14205 MANDARIN RD
Suite, Apt. #, etc.

City & State

FLORIDA

City & State

FLORIDA

4. FEI Number

59-3162327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, LARRY D Jr.
628 N PUTTERS GREEN WAY
JACKSONVILLE FL 32259

14205 MANDARIN RD
JACKSONVILLE FL 32223

Name LARRY DEAN ROBBINS JR.

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

14205 MANDARIN RD.

City JACKSONVILLE

FL

Zip Code 32223

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

LARRY DEAN ROBBINS JR.

Larry Dean Robbins Jr.

3-30-01

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

(NOTE: Registered Agent signature required when relocating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROBBINS, LARRY DEAN PO BOX 600602 JACKSONVILLE FL 32260-0602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBBINS, LARRY DEAN JR. 14205 MANDARIN RD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Larry Dean Robbins Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01 (904) 955-1428

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-15-2001 90224 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)