

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90185 042 ***150.00

DOCUMENT # P94000036216

1. Entity Name

Robert's Semi-Trailer Repairs, Inc.



DO NOT WRITE IN THIS SPACE

90089509

2. Principal Place of Business

5331 New Kings Rd

3. Mailing Address

1511 Johnson Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax., FL

City & State

Yulee, FL

4. FEI Number

59-3240076

Applied For

Not Applicable

Zip

32209

Country

USA

Zip

32097

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Smith

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

1511 Johnson Ln

City

Yulee

FL

Zip Code

32097

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Robert Smith
1511 Johnson Ln
Yulee, FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Peggy Smith
1511 Johnson Ln
Yulee, FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

Daytime Phone #

904 982-
866 5768

CR2E034B (12/02)