

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029688

1. Entity Name

THE JEFF ROBINSON SHUTTER COMPANY, INC.

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90007 014 ***550.00

Principal Place of Business

Mailing Address

3440 N.W. 73RD AVE.
MIAMI FL 33122
US

200 S BISCAYNE BLVD
SUITE 1800
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

12040 Miramar Parkway
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miramar, Florida

4. FEI Number 65-0582216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33025

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTHET, PATRICK C PA
200 S BISCAYNE BLVD SUITE 2120
SUITE 1800
MIAMI FL 33131

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.

SIGNATURE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROBINSON, JEFF
STREET ADDRESS 15900 SEDGEWICK CIRCLE NORTH
CITY-ST-ZIP DAVIE FL 33331 ☐ Delete

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

TITLE VSTD
NAME BAKER ROBINSON, DEBBIE
STREET ADDRESS 15900 SEDGEWICK CIR N
CITY-ST-ZIP DAVIE FL ☐ Delete

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

TITLE VP
NAME KIBLER, LAWRENCE L
STREET ADDRESS 3440 NW 73 AVE
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/01

0154101

CR2E034 (10/00)