

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2001 90167 031 ***150.00

DOCUMENT # P96000015814

1. Entity Name

ROBIN F. PRICE, P.A.

Principal Place of Business

~~250 Royal Palm Way~~
~~Suite 300~~
~~Palm Beach FL 33480~~

Mailing Address

~~250 Royal Palm Way~~
~~Suite 300~~
~~Palm Beach FL 33480~~

2. Principal Place of Business

c/o Edwards & Angell, LLP
 Suite, Apt. #, etc. Suite 400
 One North Clematis Street

3. Mailing Address

c/o Edwards & Angell, LLP
 Suite, Apt. #, etc. Suite 400
 One North Clematis Street

City & State
 West Palm Beach FL

City & State
 West Palm Beach FL

4. FEI Number

65-0644145

Applied For

Not Applicable

Zip 33401

Country USA

Zip 33401

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Angell Corporate Services, Inc.
 250 Royal Palm Way, Suite 300
 Palm Beach FL 33480

7. Name and Address of New Registered Agent

Name Angell Corporate Services, Inc.

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

One North Clematis Street
 Suite 400

City West Palm Beach

FL

Zip Code 33401

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

Jonathan L. Cole, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2001

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	DPST	<input type="checkbox"/> Delete
NAME	Price, Robin F.	
STREET ADDRESS	250 Royal Palm Way, Suite 300	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Price, Robin F.	
STREET ADDRESS	One North Clematis Street, Suite 400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN F. PRICE, PRESIDENT

4/23/2001 561-833-7700

Date

Daytime Phone #

CR2E034 (11/00)