

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022264

1. Entity Name  
ROBINSON TILE-AND MARBLE, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90301 043 \*\*\*150.00

Principal Place of Business  
98 S US HWY 17-92  
STE C  
DEBRY FL 32713  
US

Mailing Address  
98 S US HWY 17-92  
STE C  
DEBRY FL 32713  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2943 CORRIGAN DR  
Suite, Apt. #, etc.

3. Mailing Address  
2943 CORRIGAN DR  
Suite, Apt. #, etc.

City & State  
DELTONA FL

City & State  
DELTONA FL

4. FEI Number 59-3392817

Applied For  
Not Applicable

Zip Country  
32738 USA

Zip Country  
32738 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ROBINSON, CURTIS J  
98C S US HW 17-92  
DEBRY FL 32713

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2943 CORRIGAN DR  
City DELTONA FL Zip Code 32738

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 \_\_\_\_\_ (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

TITLE PTD  
NAME ROBINSON, CURTIS J  
STREET ADDRESS 98C S US HWY 17-92  
CITY-ST-ZIP DEBRY FL 32713 ☐ Delete

TITLE VS  
NAME ROBINSON, KAREN E  
STREET ADDRESS 98 C S US HWY 17-92  
CITY-ST-ZIP DEBRY FL 32713 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2943 CORRIGAN DR.  
CITY-ST-ZIP DELTONA FL 32738 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 2943 CORRIGAN DR  
CITY-ST-ZIP DELTONA FL 32738 ☒ Change ☐ Addition

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

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

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

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: Karen E. Robinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 904.532-5829  
Date Daytime Phone #

CR2E034 (10/00)