

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045224

1. Entity Name

FLOORS BY ROBIN, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90013 032 ***158.75

Principal Place of Business

2002 MARQUIS DR
JACKSONVILLE FL 32210
US

Mailing Address

2002 MARQUIS DR
JACKSONVILLE FL 32257-6068

2. Principal Place of Business

10269 LAKE PINES Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

Zip

Country

32257

Duval

Country

4. FEI Number

59-3372600

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

ROBERTS, ROBIN C
2002 MARQUIS DR
JACKSONVILLE FL 32210

Name

FRANCES M. ROBERTS

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

10269 LAKE PINES Rd.

City

JACKSONVILLE

FL

Zip Code

32257

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

Frances M. Roberts President

4-19-00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBIN C	
STREET ADDRESS	2002 MARQUIS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES M. ROBERTS	
STREET ADDRESS	10269 LAKE PINES Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32257	
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:

Frances M. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 (904) 268-8684
Date Daytime Phone #

CR2E034 (9/99)