

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90452 037 ***158.75

DOCUMENT # **P96000045224**

1. Entity Name **FLOORS By Robin Inc.**

Principal Place of Business Mailing Address
10269 LAKE PINES Rd.
JACKSONVILLE FLORIDA (32257)

C0042813

2. Principal Place of Business 3. Mailing Address
10269 LAKE PINES Rd **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Jax. FL.** City & State **Same**

Zip **32257** Country **USA** Zip Country

4. FEI Number **59-3372600** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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** **FRANCES M. ROBERTS** 4/2/01 (904) 268-8686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)