

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000096182****1. Entity Name**  
**PICERNE ROBINS LANDING ASSOCIATES, INC.****FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90073 050 \*\*\*150.00

**Principal Place of Business**  
**247 NORTH WESTMONTE DRIVE**  
**ALTAMONTE SPRINGS FL 32714****Mailing Address**  
**247 NORTH WESTMONTE DRIVE**  
**ALTAMONTE SPRINGS FL 32714****C0031751**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **59-3479000**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****COSTOLO, W. TERRY ESQ**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>President/Treasurer/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICERNE, ROBERT M</b>	NAME	<b>Robert M. Picerne</b>
STREET ADDRESS	<b>247 NORTH WESTMONTE DRIVE</b>	STREET ADDRESS	<b>247 N. Westmonte Dr.</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Dwayne Walker</b>
STREET ADDRESS		STREET ADDRESS	<b>247 N. Westmonte Dr.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>Vice-President/Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Jack W. Erich</b>
STREET ADDRESS		STREET ADDRESS	<b>247 N. Westmonte Dr.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Robert M. Picerne, Pres. **01/16/01** **407/172-0200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)