

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90186 025 ***150.00

DOCUMENT # P98000029667

1. Entity Name

ROBERT B MALBIN, INC.

Principal Place of Business

Mailing Address

4770 PEBBLEBROOK DR.

4770 PEBBLEBROOK DR.

OLDSMAR FL 34677

OLDSMAR FL 34677

2. Principal Place of Business

3040 SANDY LANE

3. Mailing Address

3040 SANDY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LADY LAKE, FL.

City & State

LADY LAKE, FL.

Zip

32162

Country

SUMTER

Zip

32162

Country

SUMTER

4. FEI Number

59-3500554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALBIN, ROBERT B

4770 PEBBLEBROOK DR.

OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

ROBERT B. MALBIN

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

3040 SANDY LANE

City

LADY LAKE

FL

Zip Code

32162

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

ROBERT B. MALBIN

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, 2002 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 **D** ☐ Delete
NAME **MALBIN, ROBERT B**
STREET ADDRESS **4770 PEBBLEBROOK DR.**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/12 352-751-0597

CR2E034 (9/01)