

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90053 035 ***150.00

DOCUMENT # P98000056477

1. Entity Name
ROBIN'S NEST FAMILY, INC.



Principal Place of Business
13400 NE 1ST ST RD
STE #2
SILVER SPRINGS FL 34488

Mailing Address
13400 NE 1ST ST RD
STE #2
SILVER SPRINGS FL 34488



2. Principal Place of Business

13400 NE 1ST ST RD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SILVER SPRINGS, FL

City & State

4. FEI Number **59-3518242**

Applied For

Not Applicable

Zip

Country

34488

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISH, TIMOTHY H
1310 SE 42ND AVE
OCALA FL 34471

7. Name and Address of New Registered Agent

Name **FISH, TIMOTHY H.**

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

13400 NE 1ST ST RD

City **SILVER SPRINGS**

FL

Zip Code

34488

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TIMOTHY H FISH**

Signature, typed or printed name of registered agent and title if applicable.

Timothy H Fish

(NOTE: Registered Agent signature required when reinstating)

1-2-2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **FISH, TIMOTHY H**
STREET ADDRESS **13400 NE 1ST ST RD**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **V** ☐ Delete
NAME **BIGGINS, EDWARD P**
STREET ADDRESS **331 NE 53RD CT**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **S** ☐ Delete
NAME **BIGGINS, EMMA JEAN**
STREET ADDRESS **331 NE 53RD CT**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
STREET ADDRESS
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TIMOTHY H FISH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-2003 (352) 898-3789

CR2E034 (10/02)