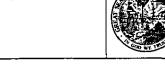
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P98000065906

1. Entity Name ROBIN'S CATERING, INC.



04-24-2003 90154 039 ***150.00

| FILED |
|-----------------------------------|
| Apr 24, 2003 8:00 am |
| Secretary of State |
| 04.04.0002.001.54.020 ****1.50.00 |

| | | | ļ | WE IS | | | | | | |
|--|--|---|------------------------|---------------------------|--------------------------|--|--|--------------------------|------------------------------|--|
| Principal Place of Business 548 12TH ST W BRADENTON FL 34205 US | | Mailing Address 2020 HOPKINS DRIVE. WEST BRADENTON FL 34207 | | | | | | | | |
| 2. Principal F | Place of Business | 3. Malling Address | | | | | ed in 13 036 ed n | | J RIAR BINI 1881 | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | 1 | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | . City & State | | | 4. FEI Number 65-0853570 | | | | pplied For ot Applicable | |
| Zip Country | | Zip | Zip Country | | | | | \$8.75 Ad Fee Require | 8.75 Additional see Required | |
| | 6. Name and Address of Current | Registered Agent | red Agent | | | 7Name and Address of New Registered Agent | | | | |
| | | | | Name | | | | | | |
| DEDICOS | , robin Pkins drive, west | | Street Address | | | (P.O. Box Number is Not Acceptable) | | | | |
| | TON FL 34207 | | | | | | | | | |
| • | | | | City | | 1.45.7 | F | L Zip Cod | ie | |
| | e named entity submits this statement fo tions of registered agent. | r the purpose of changing it | s registere | d office or registe | ered age | nt, or both, in the State of I | Florida. I ar | n familiar with, | and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Registered | d Agent signature require | ed when rein | nstating) | DATE | <u> </u> | | |
| Afte | FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o | | | | | 9. Election Campaign I Trust Fund Contribut | - | | 00 May Be d to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADE | DITIONS/CHANGES TO O | FFICERS AN | VD DIRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DEDICOS, ROBIN 2020 HOPKINS DRIVE, WEST BRADENTON FL 34207 | ☐ Delete | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | a t 5.7 | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | 1 | ř | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Oelete | | į. | | | · · · · | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREE | | | | | ☐ Change | ☐ Addition | |

12. Thereby certify that the information supplied with this filling 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: