

# 2000 UNIFORM BUSINESS REPORT (UBR)

03174

DOCUMENT # P990000021238

1. Entity Name

~~XXXXXX~~ Robust Building Systems, Inc.

FILED

00 APR 28 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

941 N. STATE RD.7  
PLANTATION FL 33317

Mailing Address

941 N. STATE RD.7  
PLANTATION FL 33317-1514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0895928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOND, ARTHUR H  
941 N. STATE RD.7  
PLANTATION FL 33317

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME BOND, ARTHUR H  
STREET ADDRESS 941 N. STATE RD.7  
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ Change ☒ Addition  
NAME DP  
STREET ADDRESS Bond, Arthur H.  
CITY-ST-ZIP 941 N. State Rd. #7  
Plantation, FL 33317

TITLE **D** ☒ Delete  
NAME POFFENBARGER, JOHN  
STREET ADDRESS 1642 N.W. 104TH AVE.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Change ☒ Addition  
NAME D,VP,S  
STREET ADDRESS Regier, Jarold W.  
CITY-ST-ZIP 740 Cypress Pointe Drive West  
Pembroke Pines, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D,VP,T  
STREET ADDRESS Poffenbarger, John  
CITY-ST-ZIP 1642 NW 104th Ave.  
Coral Springs, FL 33075

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(954) 792-0076

Daytime Phone #

CR2E034 (9/99)

KE