

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025927

1. Entity Name

ROBBINS TOOL & MANUFACTURING, INC.

Principal Place of Business

12 KAY LARKIN INDUSTRIAL PARK
PALATKA FL 32177

Mailing Address

P.O. BOX 2461
PALATKA FL 32178

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 59-3571013

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESTON, SHIRLEY J
101 DURHAM AVENUE
INTERLACHEN FL 32148

7. Name and Address of New Registered Agent

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROBBINS, THOMAS PETER P.O. BOX 2461 PALATKA FL 32178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004500216 06-18-01-01128-013	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$150.00 \$150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 fee empowered.

SIGNATURE

Thomas P. Robbins

THOMAS P. ROBBINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-388-8550



DO NOT WRITE IN THIS SPACE

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

P99000025927

CR2034 (10/00)

July 19, 2001

Florida Dept of State
Div of Corporations
PO Box 6327
Tallahassee FL 32314

ATTN: Mark Corbett

RE: Robbins Tool & Mfg., Inc.
Document No. P99000025927

Dear Mark:

Per our conversation of today, enclosed is a copy of the second check sent to the State for Robbins Tool & Mfg., Inc., which was cashed. The first check had been made out in correctly to the Dept of Revenue and returned.

Please contact me if there are any further questions.

Thank you,


Shirley Preston
386-328-1411

encl.

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