

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90003 023 \*\*\*158.75

**DOCUMENT # P99000030025**

1. Entity Name

**RU EXPERIENCED CONSULTING, INC.**

Principal Place of Business

Mailing Address

20 SE 14TH ST  
 BOCA RATON FL 33432

PO BOX 20936  
 WEST PALM BEACH FL 33416

2. Principal Place of Business

**659 Castilla Lane**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Boynton Beach, FL**

City & State

Zip  
**33435**

Country  
**USA**

Zip

Country

4. FEI Number

**65-0891686**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBBINS, CHRISTOPHER K**  
**20 SE 14TH ST**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Christopher K. Robbins**

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

**659 Castilla Lane**

City **Boynton Beach**

FL

Zip Code

**33435**

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

*Christopher K. Robbins*

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 **P** ☐ Delete  
 NAME **ROBBINS, CHRISTOPHER**  
 STREET ADDRESS **3540 STRATTON LN.**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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 **P** ☒ Change ☐ Addition  
 NAME **Christopher K. Robbins**  
 STREET ADDRESS **659 Castilla Lane**  
 CITY-ST-ZIP **Boynton Beach, FL 33435**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Todd M. Robbins**  
 STREET ADDRESS **44 SE 14th Street, Apt. 307**  
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Lis Farinas**  
 STREET ADDRESS **659 Castilla Lane**  
 CITY-ST-ZIP **Boynton Beach, FL 33435**

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

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:

*James*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/17/01 (561) 414-5283**  
 Date Daytime Phone #

CR2E034 (10/00)