## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 28, 2000 8:00 am Secretary of State DOCUMENT # P9900050177 1. Entity Name ROBBIE'S MACHINE SERVICE, INC. 07-28-2000 90151 034 \*\*\*150.00 Mailing Address Principal Place of Business 10462 WEATHERLY ROAD 10462 WEATHERLY ROAD BROOKSVILLE FL 34601-5041 BROOKSVILLE FL 34601-5041 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. EEL Number <u> 59- 3597 368</u> Not Applicable Country - -Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TIELEMANS, ROBERT J III Street Address (P.O. Box Number is Not Acceptable) 10462 WEATHERLY ROAD BROOKSVILLE FL 34601-5041 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE TITLE Change ☐ Delete NAME TIELEMANS, ROBERT J III NAME STREET ADDRESS 10462 WEATHERLY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BROOKSVILLE FL 34601-5041 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 all address, with all other like empowered.

SIGNATURE:

CPA

HHachment OH PAGUWSUTT OW BOSS PAMELA R. MCKINNEY

CERTIFIED PUBLIC ACCOUNTANT 309 South Main Street Brooksville, FL 34601 (352) 544-5544 FAX (352) 544-5666

July 21, 2000

Department of State Division of Corporations POB 6327 Tallahassee, FL 32314

RE: Robbie's Machine Service, Inc. #P99000050177

To Whom It May Concern:

Robbie's Machine Service, Inc. is a newly established Corporate business and a new client of mine. The 2000 UBR report being filed is the first notice that my client received regarding the Corporate Annual Fee. He recently moved to Florida and with the move, doesn't recall ever receiving the first UBR report.

We are asking that the \$400 penalty be waived due to never receiving the first UBR report and because my client was unfamiliar with this filing by May 1<sup>st</sup>, being new to this State.

Respectfully,

Pamela R. McKinney, CPA