

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000072474**1. Entity Name
ROBBIE ROBINSON ALUMINUM CONSTRUCTION, INC.**FILED****Feb 14, 2001 8:00 am**
Secretary of State

02-14-2001 90008 018 ***158.75

Principal Place of Business

P.O. BOX 6015
LAKELAND FL 33807

Mailing Address

P.O. BOX 6015
LAKELAND FL 33807

2. Principal Place of Business

2829 Badger Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip
33811Country
USA

Zip

Country

4. FEI Number **65-0957471**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, MILLARD R
2829 BADGER RD.
LAKELAND FL 33807Name **Robinson Millard R.**

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

2829 Badger Rd.

City **Lakeland****FL**Zip Code
33811

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 State10. 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 **PS** ☐ Delete
NAME **ROBINSON, MILLARD R**
STREET ADDRESS **P.O. BOX 6015 N/A**
CITY-ST-ZIP **LAKELAND FL 33807**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **ROBINSON, JILL E**
STREET ADDRESS **P.O. BOX 6015 N/A**
CITY-ST-ZIP **LAKELAND FL 33807**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Jill E. Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill E. Robinson

1/3/00

Date

863-648-4811

Daytime Phone #

CR2E034 (10/00)