

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075369

1. Entity Name
CINNS INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90086 020 ***150.00

Principal Place of Business

520 NW SANTA FE BLVD.
HIGH SPRINGS FL 32643

Mailing Address

520 NW SANTA FE BLVD.
HIGH SPRINGS FL 32643

A0072231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2107864

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GANNON, ROBERT
520 NW SANTA FE BLVD.
HIGH SPRINGS FL 32643

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PRESIDENT** ☐ Delete
NAME **ROBERT GANNON**
STREET ADDRESS **520 NW SANTA FE BLVD**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

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

TITLE **VICE PRESIDENT** ☐ Delete
NAME **SHEILA GANNON**
STREET ADDRESS **520 NW SANTA FE BLVD**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

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

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

01/100

904-454-1565

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

Doc. # P99000075369

ACC072231

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

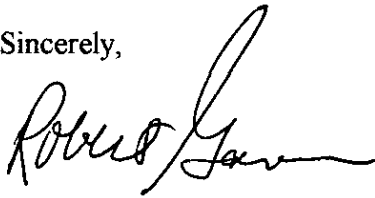
To Whom it may concern,

Please excuse this report for being filed late.

Our company filed for corporation status during the last quarter of 1999. I did not receive the first uniform business report. This being our first year as a corporation I did not know of the report, or the due date until I opened the report that I received in June that was titled second notice.

I can assure the Department that because I now know of the annual report, and the due date of the report that all future reports will be sent in on time.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Gannon".

Robert Gannon