

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90131 031 \*\*\*150.00

**DOCUMENT # P99000082545**

**1. Entity Name**  
**ROBIN A. SNIPES, P.A.**



**Principal Place of Business**  
**1372 AVONDALE AVE.**  
**JACKSONVILLE FL 32205**

**Mailing Address**  
**1372 AVONDALE AVE.**  
**JACKSONVILLE FL 32205**

**2. Principal Place of Business**  
**1034 Cherry St.**  
**Suite, Apt. #, etc.**  
**Jax, FL 32205**

**3. Mailing Address**  
**1034 Cherry St.**  
**Suite, Apt. #, etc.**  
**Jax, FL 32205**



☐ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> <b>Jax, FL</b>	<b>City &amp; State</b> <b>Jax, FL</b>	<b>4. FEI Number</b> <b>59-3598646</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <b>32205</b>	<b>Country</b> <b>USA</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> <b>SNIPES, ROBIN A</b> <b>1372 AVONDALE AVE.</b> <b>JACKSONVILLE FL 32205</b>	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>
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**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. I am familiar with, and accept the obligations of registered agent.**  
**SIGNATURE** *Robin A. Snipes, President* **DATE** **4/3/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>PDT</b>	<b>NAME</b> <b>SNIPES, ROBIN A</b>	<b>TITLE</b> <b>PDT</b>	<b>NAME</b> <b>Snipes, Robin A.</b>
<b>STREET ADDRESS</b> <b>1372 AVONDALE AVE.</b>	<b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32205</b>	<b>STREET ADDRESS</b> <b>1034 Cherry St.</b>	<b>CITY-ST-ZIP</b> <b>Jax, FL 32205</b>
<b>TITLE</b> <b>VSD</b>	<b>NAME</b> <b>SMITH, LAYNE M JR.</b>	<b>TITLE</b> <b>VSD</b>	<b>NAME</b> <b>Smith, Layne M, Jr</b>
<b>STREET ADDRESS</b> <b>1372 AVONDALE AVE.</b>	<b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32205</b>	<b>STREET ADDRESS</b> <b>1034 Cherry St.</b>	<b>CITY-ST-ZIP</b> <b>Jax, FL 32205</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Robin A. Snipes* **DATE** **4/3/03** **Daytime Phone #** **(904) 388-3527**

CR2E034 (10/02)