

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092852

1. Entity Name

ROB-ANN MOTOR LINE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90074 014 ***150.00

Principal Place of Business

Mailing Address

2366 BROADWAY AVE
JACKSONVILLE FL 32209

2366 BROADWAY AVE
JACKSONVILLE FL 32209-7420

2. Principal Place of Business

6898 GILDA CT.

3. Mailing Address

P. O. BOX 1773

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEYSTONE HEIGHTS, FL

City & State

AUBURNDALE, FL

4. FEI Number

59-3607452

Applied For

Not Applicable

Zip
32656

Country
USA

Zip
33823

Country
USA

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

PETTY, PATRICIA A
2366 BROADWAY AVE
JACKSONVILLE FL 32209

Name

Street Address (P.O. Box Number is Not Acceptable)
6898 GILDA CT.

City

KEYSTONE, HEIGHTS

FL

Zip Code

32656

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETTY, PATRICIA A	
STREET ADDRESS	2366 BROADWAY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6898 GILDA CT.	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I 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

Date

Daytime Phone #

CR2E034 (9/99)