

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84248

1. Entity Name

ROBBINS TELECOMMUNICATIONS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90074 006 ***150.00

Principal Place of Business

Mailing Address

~~2400 NORTH TAMiami TRAIL~~
~~#201~~
~~NAPLES FL 34102~~
~~US~~

2400 NORTH TAMiami TRAIL
 #201
 NAPLES FL 34102-4405
 US

2. Principal Place of Business

3. Mailing Address

3573 Mercantile Ave.

3573 Mercantile Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

Suite D

City & State

City & State

Naples, Florida

Naples, Florida

Zip

Country

Zip

Country

34104

USA

34104

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, JOHN R
 1809 DOWNING COURT
 NAPLES FL 34112

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 \$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 ☐ Delete
 NAME P
 STREET ADDRESS ROBBINS, JOHN R
 CITY-ST-ZIP 2400 N TAMiami TR #201 3573 Mercantile
 NAPLES FL 34102 34104

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

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS MORGAVO, LOUIS
 CITY-ST-ZIP 2400 N TAMiami TR #201 3573 Mercantile
 NAPLES FL 34102 34104

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS ROBBINS, KELLI A
 CITY-ST-ZIP 2400 N TAMiami TR #201 3573 Mercantile
 NAPLES FL 34102 34104

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

TITLE ☐ Delete
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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:

John R. Robbins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 (941) 263-6900
 Date Daytime Phone #

CR2E034 (9/99)