2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$93920

ROBB. RETHA M.

SIGNATURE

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114 CINNAMON DR INTERLACHEN FL 32148

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

ROBB, RETHA M.

INTERLACHEN FL

ROBB, DAVID J.

114 CINNAMON DR

INTERLACHEN FL

114 CINNAMON DR

(See criteria on back)

DTS

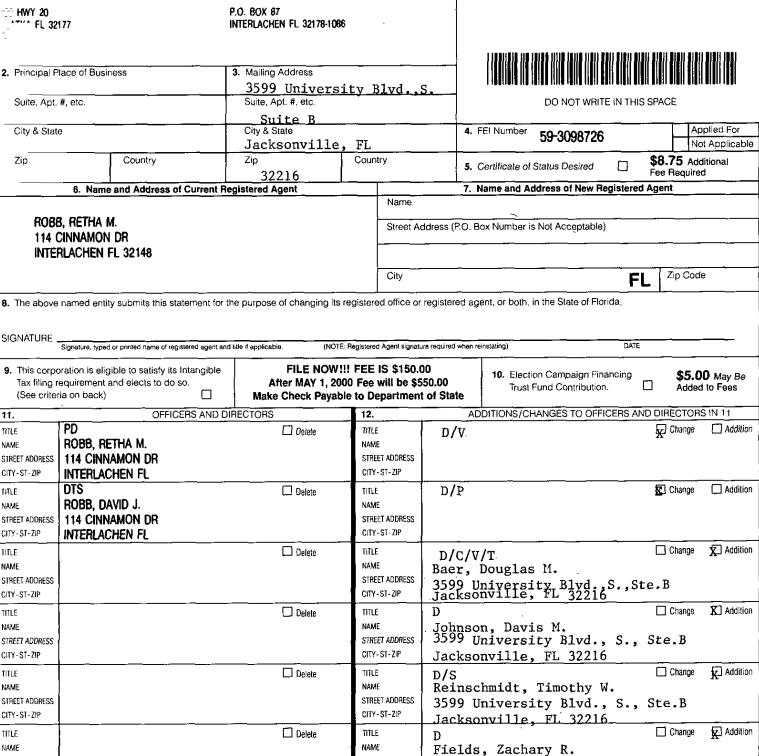
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

1. Entity Name ROBB REHA	AB INC			
Principal Place of Business		Mailing Address		
HWY 20 		P.O. BOX 87 Interlachen FL 32178-1086		ļ
2. Principal Place of Business		3. Mailing Address 3599 University Blvd. S.		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite B		
City & State		City & State Jacksonville, FL		1
Zip	Country	Zip 32216	Country	
	6. Name and Address of C			

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

05-03-2000 90052 004 ***150.00



Jacksonville, FL 32216 with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ort 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information suppl indicated on this report or supplem of the corporation or the receiver empowered to execute this other like emp changed, or on an attachment w

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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SIGNATURE:

PEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND T

3599 University Blvd., S., Ste.B

904-858-7474