

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90016 033 ***150.00

008138 AV

DOCUMENT # V69470

1. Entity Name
ROBINA R. ENGLISH, P.A.

(Handwritten mark)

Principal Place of Business

**18211 SE ISLAND DR
 TEQUESTA FL 33469
 US**

Mailing Address

**18211 SE ISLAND DR
 TEQUESTA FL 33469
 US**

00000410



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

65-0366362

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

**ENGLISH, ROBINA R.
 18211 SE ISLAND DR
 TEQUESTA FL 33469**

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 12, 2001 Fee 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 **PST** ☐ Delete
 NAME **ENGLISH, ROBINA R.**
 STREET ADDRESS **18211 SE ISLAND DR**
 CITY-ST-ZIP **TEQUESTA FL 33469**

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

TITLE **D** ☐ Delete
 NAME **ENGLISH, ROBINA R.**
 STREET ADDRESS **18211 SE ISLAND DR**
 CITY-ST-ZIP **TEQUESTA FL 33469**

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
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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:

(Handwritten signature: Robina R. English, P.A.)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/07

Date

561.744.2500

Daytime Phone #

CR2E034 (5/01)

ATTACHMENT

July 18, 2001

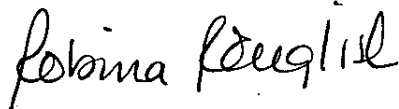
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

V69470

Dear Dept of State,

Enclosed, please find my 2001 Uniform Business Report, and a check for \$150.00. Please accept this payment, as I was having problems with my mail, and never received your original report that was due May 1, 2001. Had I received that, I would have paid it on time. I appreciate your consideration in this matter.

Sincerely,



Robina R. English
President