

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90008 039 ***150.00

0064118

DOCUMENT # 657819

1. Entity Name

ROBINSON SHAW, INC.

Principal Place of Business

**1409 CHARTA COURT
 ORLANDO FL 32804
 US**

Mailing Address

**1409 CHARTA COURT
 ORLANDO FL 32804
 US**

2. Principal Place of Business

2404 N. Rio Grande Ave
 Suite, Apt. #, etc.

3. Mailing Address

2404 N. Rio Grande Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Fl

City & State

Orlando, Fl

4. FEI Number

59-2043534

Applied For

Not Applicable

Zip

32804

Country

US

Zip

32804

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, WILLIAM H. JR.
 3304 N WEST MORELAND
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

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, 2001 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** Delete
 NAME: **ROBINSON, WM H**
 STREET ADDRESS: **1409 CHARTA CT**
 CITY-ST-ZIP: **ORLANDO FL 32804**

TITLE: **PD** Change Addition
 NAME: **Robbinson, William H.**
 STREET ADDRESS: **2204 N. Rio Grande Ave**
 CITY-ST-ZIP: **Orlando, Fl 32804**

TITLE: **D** Delete
 NAME: **SHAW, DAVID L.**
 STREET ADDRESS: **2460 FOREST CLUB DRIVE**
 CITY-ST-ZIP: **ORLANDO FL 32804**

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

TITLE: **DVP** Delete
 NAME: **ROBINSON, WILLIAM H. JR**
 STREET ADDRESS: **3304 N. WESTMORELAND**
 CITY-ST-ZIP: **ORLANDO FL 32804**

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

TITLE: Delete
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 STREET ADDRESS: Delete
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 CITY-ST-ZIP: Change Addition

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: **William H. Robinson** *William H. Robinson* **4/4/01** **407-839-3033**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)