

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-27-2002 90037 019 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091878

1. Entity Name
ROBISON DEVELOPMENT, INC.

Principal Place of Business: **4629 BRAINERD BAYOU RD SANIBEL FL 33957**
Mailing Address: **6450 PINE AVE SANIBEL FL 33957**

2. Principal Place of Business: [Blank]
3. Mailing Address: [Blank]

Suite, Apt. #, etc.: [Blank]

City & State: [Blank]

Zip: [Blank] Country: [Blank]



DO NOT WRITE IN THIS SPACE

65-1137854

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For: Not Applicable

6. Name and Address of Current Registered Agent
**ROBISON, LINDA R
6450 PINE AVENUE
SANIBEL FL 33957**

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] **FL** Zip Code: [Blank]

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, 2002 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>President</i>
STREET ADDRESS		STREET ADDRESS	<i>Michael K. Robison</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>4629 Brainerd Bayou Rd, Sanibel, FL 33957</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>V. Pres.</i>
STREET ADDRESS		STREET ADDRESS	<i>Debi Crinkling Robison</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>4629 Brainerd Bayou Rd, Sanibel, FL 33957</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>Secretary</i>
STREET ADDRESS		STREET ADDRESS	<i>Linda R. Robison</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>6450 Pine Ave Sanibel, FL 33957</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>Treasurer</i>
STREET ADDRESS		STREET ADDRESS	<i>Robert A. Robison</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>6450 Pine Ave Sanibel, FL 33957</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 7 or Block 12 if changed, or on an attachment with addresses with all other officers or directors.

SIGNATURE: *Robert A. Robison, Treasurer* 3/15/02 472-7704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)