

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-02-2001 90277 043 \*\*\*150.00

DOCUMENT # F00000004983

1. Entity Name

ROBINSON AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 718  
STUART FL 34995

P.O. BOX 718  
STUART FL 34995

2. Principal Place of Business

P.O. BOX 718

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

4. FEI Number

65-1038520

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

34995

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, PHILIP A  
4244 S.E. COMMERCE AVE.  
STUART FL 34997

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)

REGISTERED AGENT

DATE

03/25/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
ROBINSON, PHILIP D  
4244 S.E. COMMERCE AVENUE  
STUART FL 34997 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
ROBINSON, PHILIP D  
4244 S.E. COMMERCE AVENUE  
STUART FL 34997 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VA  
ROBINSON, PHILIP A  
2195 S.W. RANCH TRAIL  
STUART FL 34997 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PST

Date

03/25/01

Daytime Phone #

(561) 283-2760

CR2E034 (10/00)