

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65212

1. Entity Name

LAW OFFICES OF ROBIN W. FRIERSON, P.A.

R

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90009 014 \*\*\*150.00

Principal Place of Business

1920 SE PORT ST LUCIE BLVD.  
PORT ST. LUCIE FL 34952

Mailing Address

1920 SE PORT ST LUCIE BLVD.  
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0028399

Applied For

Not Applicable

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

FRIERSON, ROBIN W.  
1920 SE PORT ST LUCIE BLVD.  
STUART FL 34952

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 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	PVT FRIERSON, ROBIN W. 1920 SE PT ST LUCIE BLVD PT ST. LUCIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC FRIERSON, ROBIN W. 1920 SE PT ST LUCIE BLVD PT ST. LUCIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FRIERSON, ROBIN W. 1920 SE PT ST LUCIE BLVD PT ST. LUCIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

7-11-00

Date

581-337-1203

Daytime Phone #

CR2E034 (5/00)

J65212

AAA67876

LAW OFFICES

**FRIERSON & WATSON**

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

CAMRI CENTER

1920 S. E. PORT ST. LUCIE BLVD.

PORT ST. LUCIE, FLORIDA 34952

(561) 337-1203

FAX: (561) 337-1206

(PLEASE REPLY TO ABOVE ADDRESS ONLY)

TRIAL PRACTICE  
PERSONAL INJURY  
WRONGFUL DEATH  
CRIMINAL DEFENSE

†ROBIN W. FRIERSON, P. A.

†ROBERT J. WATSON, P. A.

†BOARD CERTIFIED  
CRIMINAL TRIAL LAWYER

3601 S. E. OCEAN BOULEVARD

SUITE 004

STUART, FLORIDA 34996

(561) 288-1880

FAX: (561) 288-1887

**PORT ST. LUCIE OFFICE**

July 11, 2000

Division Of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500

**In re: Document No.: J65212**

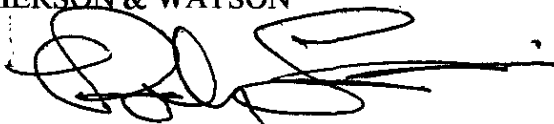
Dear Sir:

Please find enclosed herewith my Uniform Business Report along with check number 7863 in the total amount of one hundred and fifty (\$150.00) dollars. I am hereby asking the late fee be waived as I never received the Uniform Business Report which I understand was mailed in January. If you check my records you will see we have always filed our report timely and I have no explanation as to why we did not receive the report. I called your office today and they told me to pay the one hundred fifty (\$150.00) dollars and request a waiver of the late fee.

Your cooperation is greatly appreciated in this matter.

Sincerely,

FRIERSON & WATSON



Robin W. Frierson, Esquire

RWF/cal

Enclosure