

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90045 034 ***550.00

DOCUMENT # L17631

1. Entity Name
ROBISON, WILSON & ASSOCIATES, INC.

Principal Place of Business

**1044 CASTELLO DRIVE
 SUITE 105
 NAPLES FL 34103
 US**

Mailing Address

**1044 CASTELLO DRIVE
 SUITE 105
 NAPLES FL 34103
 US**

2. Principal Place of Business

2003 Duke Dr
 Suite, Apt. #, etc.

3. Mailing Address

2003 Duke Drive
 Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

65-0147213

Applied For

Not Applicable

Zip

34110

Country

Collier

Zip

34110

Country

Collier

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

**ROBISON, STEPHEN V.
 1044 CASTELLO DRIVE
 SUITE 105
 NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

2003 Duke Dr

City

Naples

FL

Zip Code

34110

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	PD ROBISON, STEPHEN V. 1044 CASTELLO DR., STE 105 NAPLES FL	<input type="checkbox"/> Delete, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, JOHN E. 1044 CASTELLO DR., STE. 105 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBISON, LOLA G. 1044 CASTELLO DR., STE. 105 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2003 Duke Dr Naples FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2003 Duke Drive Naples FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2003 Duke Dr Naples FL 34110	
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"/> Change <input type="checkbox"/> Addition
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

7-20-00 263-0221
 Date Daytime Phone #

CR2E034 (5/00)