

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000044492**

1. Entity Name

ROBISON & GRAMLICH, P.A.

Principal Place of Business

**1201 FIFTH AVE NORTH
ST. PETERSBURG FL 33705**

Mailing Address

**1201 FIFTH AVE NORTH
ST. PETERSBURG FL 33705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 409

Suite, Apt. #, etc.

Suite 409

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3648058

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, KIRK S
100 SOUTH ASHLEY DRIVE STE 1500
TAMPA FL 33602**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBISON, THOMAS	
STREET ADDRESS	1201 FIFTH AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAMLICH, DEBRA	
STREET ADDRESS	1201 FIFTH AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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

Thomas A. Robison mo PRESIDENT

Date

1/12/01 727 894 4100

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90021 017 ***150.00

00007184

DO NOT WRITE IN THIS SPACE

C058448

CR2E034 (10/00)