

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90153 020 ***150.00

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DOCUMENT # P00000064480

1. Entity Name

G & L ROBINSON, INC.



Principal Place of Business
5224 W STATE ROAD 46 #156
SANFORD FL 32771

Mailing Address
1583 E SILVER STAR ROAD
#305
OCOE FL 34761
US

2. Principal Place of Business

1967 ASPEN RIDGE CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DODGE FLORIDA

City & State

4. FEI Number

59-3656884

Applied For

Not Applicable

Zip

34761

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROBINSON, GODFREY L
1967 ASPEN RIDGE COURT
OCOE FL 34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, GODFREY L	
STREET ADDRESS	1967 ASPEN RIDGE COURT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROBINSON, ANTHONY	
STREET ADDRESS	1967 ASPEN RIDGE COURT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOWARD, DEBORAH	
STREET ADDRESS	1967 ASPEN RIDGE COURT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BANKS, JUANITA	
STREET ADDRESS	1967 SPEN RIDGE CT.	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SICILY, ROBINSON, GODFREY L. PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.02.03 (407) 247-6513

Date

Daytime Phone #

CR2E034 (10/02)