

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000006961

1. Entity Name

**THE ROBINSON & ASSOCIATES GROUP INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3860 WINDERLAKES DR**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL 32835**

City & State

**ORLANDO, FL**

Zip  
**32835**

Country  
**US**

Zip

Country

4. FEI Number

**62-1848280**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**SAMUEL R. ROBINSON**

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

**3860 WINDERLAKES DR**

City

**ORLANDO**

**FL**

Zip Code  
**32835**

**DO NOT WRITE  
IN THIS SPACE**

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

*Samuel R. Robinson*

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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
<b>PRESIDENT</b>	<b>SAMUEL R ROBINSON</b>	<b>3860 WINDERLAKES DR</b>	<b>ORLANDO, FL 32835</b>
<b>VICE-PRESIDENT</b>	<b>KAPPA M ROBINSON</b>	<b>3860 WINDERLAKES DR</b>	<b>ORLANDO, FL 32835</b>

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Samuel R. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
02 OCT 29 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

THE ROBINSON & ASSOC. GROUP, INC.  
3860 WINDERLAKES DR.  
ORLANDO, FL 32835  
407/291-6478  
407/294-3770 FAX

10/23/02

To whom it may concern,

I recently received a notice of corporate dissolution. It is not my intent to dissolve my corporation at this time. This is the first notice that I have received concerning this matter. I have researched my files and found no notices to update my corporation. I am enclosing the necessary paperwork and check per my phone conversation with your office 10/22/02. Please update your records concerning my corporate status as soon as possible. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sam R. Robinson".

Sam Robinson  
President