

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-27-2002 90037 019 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000091878**

1. Entity Name

ROBISON DEVELOPMENT, INC.

Principal Place of Business

**4629 BRAINERD BAYOU RD
SANIBEL FL 33957**

Mailing Address

**6450 PINE AVE
SANIBEL FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Filing Number

65-1137854

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBISON, LINDA R
6450 PINE AVENUE
SANIBEL FL 33957**

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, 2002 Fee will be \$550.00
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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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	President
STREET ADDRESS	Michael K. Robison
CITY-ST-ZIP	4629 Brainerd Bayou Rd. Sanibel FL 33957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. Pres.
STREET ADDRESS	Debi Crinkling Robison
CITY-ST-ZIP	4629 Brainerd Bayou Rd. Sanibel FL 33957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec. Treas.
STREET ADDRESS	Cinda K. Robison
CITY-ST-ZIP	6450 Pine Ave Sanibel FL 33957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	Robert A. Robison
CITY-ST-ZIP	6450 Pine Ave Sanibel FL 33957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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 addresses with all other like addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert A. Robison, Treasurer**3/15/02****472-7704**

CR2E034 (9/01)