

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

FILED

02 NOV 15 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100430

1. Entity Name

Robyn Jackson, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2248 Quail Ridge Cr.

Suite, Apt. #, etc.

3. Mailing Address

2248 Quail Ridge Cr.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

4. FEI Number

65-1150832

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33418

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robyn Jackson

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

2248 Quail Ridge Cr.

City

Palm Beach Gardens FL

Zip Code

33418

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 of individual 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	D/P/V/S/T
NAME	Robyn Jackson
STREET ADDRESS	2248 Quail Ridge Cr.
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robyn Jackson, President

Date

Daytime Phone #

CR2E034B (12/01)

**C.R. COOPER, CPA, PA**  
5350 10<sup>TH</sup>. Ave. North, Suite 8  
Lake Worth, Florida 33463

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

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October 31, 2002

Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Re: Robyn Jackson, Inc.  
Document No.: P01000100430  
EIN: 65-1150832

To Whom It May Concern:

Robyn Jackson, Inc. did not received the 2002 Uniform Business Report, and therefore did not complete and file one for this year. The corporation was just formed in October of 2001, and they did not realize that yearly filing of a Uniform Business Report was required. In the process of doing some tax work for the corporation, their tax professional just discovered the omission and the fact that the corporation has been administratively dissolved by the state. Enclosed are a completed UBR and a check in the amount of \$150.00. Please allow the corporation to file for the original fee of \$150.00 and be reinstated, since they did not receive the original form.

Thank you for your prompt attention to this matter.

Sincerely,

  
C. R. Cooper, CPA

Encl.

clf