

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/28/2003-90067-026-\$150.00-\$150.00

192

0153862

DOCUMENT # P01000100430

1. Entity Name
ROBYN JACKSON, INC.



FILED

03 OCT 13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2248 QUAIL RIDGE
PALM BEACH GARDENS FL 33418

Mailing Address
2248 QUAIL RIDGE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
5710 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
5710 S. Dixie Hwy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
West Palm Bch, FL
Zip 33405 Country Palm Bch

City & State
West Palm Beach
Zip 33405 Country Palm Bch

4. FEI Number 65-1150832

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ROBYN
2248 QUAIL RIDGE
PALM BEACH GARDENS FL 33418

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 DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS JACKSON, ROBYN 2248 QUAIL RIDGE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/03

Date

Daytime Phone #

CR2E004 (4/03)

attachment

8641725

292

##P01000100430

C.R. COOPER, CPA, PA
5350 10TH. 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

August 12, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: Robyn Jackson, Inc.
FEIN: 65-1150832
Document #: P01000100430
Tax Form: UBR
Tax Period: 2003

To Whom It May Concern:

We have enclosed check # in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Ms. Jackson did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Ms. Jackson is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc