

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 FEB 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107743

1. Entity Name

Robert Robison Construction, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

136 Shepards easement

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

same

4. FEI Number

593756639

Applied For

Not Applicable

Zip

32327

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Danyell Robison

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

404 Shadoville Hwy

City

Crawfordville

FL

Zip Code

32327

**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

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 P President
NAME Robert Robison
STREET ADDRESS 136 Shepards easement
CITY-ST-ZIP Crawfordville FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400005049984--3
-03/06/02--01043--004
*****158.75 ***158.75**

TITLE D Director
NAME Chris Mills
STREET ADDRESS 136 Shepards easement
CITY-ST-ZIP Crawfordville FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Danyell Robison
NAME 136 Shepards easement
STREET ADDRESS Crawfordville FL 32327
CITY-ST-ZIP

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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)(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:

Robert Robison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

Date

926 4196

Daytime Phone #

CR2E034B (12/01)