


FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90091 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000108293		
1. Entity Name AL. ROBINSON TRUCKING, INC		
Principal Place of Business 907 N. 20TH STREET PALATKA, FL 32177		Mailing Address 907 N. 20TH STREET PALATKA, FL 32177
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent ROBINSON, WILLIE M 907 N. 20TH STREET PALATKA, FL 32177		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when necessary.)</small> DATE _____		
7. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROBINSON, ALFRED L 907 N. 20TH STREET PALATKA, FL 32177 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, WILLIE M 907 N. 20TH STREET PALATKA, FL 32177 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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)(1), 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: <u>Willie M Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Cayman Phone # _____		

90146734

☐ CHECK HERE IF MAKING CHANGES

14-1849994
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CH2ED34 (10/02)

Attachment

90146734

Trim Bookkeeping & Tax Service, Inc.

6683 Crill Avenue

Palatka, Florida 32177

386-328-4164 Phone

386-325-0804 Fax

July 21, 2003

Dept. of State

Uniform Business Report

Div. of Corporations

P.O. Box 1500

Tallahassee, Florida 32302-1500

A.L. Robinson Trucking, Inc.

907 N. 20th Street

Palatka, Florida 32177

P02000108293

To Whom It May Concern:

This letter is to request abatement of the penalty my client is being charged for late filing. The address you have on file is correct however my client never received her original form. They live in an area where it is not uncommon for the mail to be stolen. At the time of forms were do I was in the process of moving my office to another location and didn't realize she didn't file the report. If I would of noticed the error I surely would of made sure she paid the \$150.00 instead of \$550.00. They are an elderly couple trying to make it. Please take this matter into consideration.

Thank you,

Lisa Wiggins

Accountant

LW

cc:file