


**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90177 034 \*\*\*150.00

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

<b>DOCUMENT # P02000117104</b>					
1. Entity Name <b>ROBINSON INVESTMENT CORPORATION</b>					
Principal Place of Business 1150 BEACH RD APT 1M INDIAN RIVER SHORES, FL 32963			Mailing Address 1150 BEACH RD APT 1M INDIAN RIVER SHORES, FL 32963		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>56-2349428</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GARRIS, CHARLES E 817 BEACHLAND BLVD VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when submitting)</small> DATE _____					
FILE NOV 11, 2003 FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, AUDREY D		NAME		
STREET ADDRESS	1150 BEACH RD APT 1M		STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, V JAMES JR		NAME	Robinson, V. James Jr.	
STREET ADDRESS	1202 BERGER PKWY STE 311		STREET ADDRESS		
CITY-ST-ZIP	EVERGREEN, CO 80439		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN H		NAME	Robinson, John H.	
STREET ADDRESS	10303 E DRY CREEK RD STE 400		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, CO 80112		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Boardman, Sally R	
STREET ADDRESS			STREET ADDRESS	7827 Berger Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Playa Del Rey, CA 90293-7926	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>V. James Robinson Jr.</u> <b>7. V.P. 4/28/03 303-674-3351</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)