FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90052 049 ***150.00

DOCUMENT # P03000023619

1. Entity Name
C.A. Robinson Refurbishing, Inc.

DO NOT WRITE IN THIS SPACE

40037647

2. Principal Place of Business	3. Mailing Address
401 SW 55 terrace	401 SW 55 terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation FL	City & State: Plantation, FL
Zip: 33317 Country: Broward	Zip: 33317 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 30-018 4138 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charlotte A. Robinson
Street Address (P.O. Box Number is Not Acceptable): 401 SW 55 terrace
City: Plantation, FL **FL** Zip Code: 33317

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: Charlotte A. Robinson 3-22-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Charlotte A. Robinson 401 SW 55 terrace Plantation, FL 33317
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte A. Robinson 3-22-05 (954) 321-3463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #