

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009488

1. Entity Name

LOUISE ROBINSON, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90054 048 ***150.00

Principal Place of Business

Mailing Address

2134 DANSON STREET
JACKSONVILLE FL 32209

2134 DANSON STREET
JACKSONVILLE FL 32209-5291



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3320876**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CRAWFORD, MAMIE
2134 DANSON STREET
JACKSONVILLE FL 32209

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, BILLY	
STREET ADDRESS	2222 GREENOCH AVENUE	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JOE	
STREET ADDRESS	2134 DANSON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, MAMIE	
STREET ADDRESS	8210 CASSIE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

904-354-3215
Daytime Phone #

CR2E034 (9/99)