

FILED
Feb 28, 2005 8:00 am
Secretary of State


50020679

[illegible]

01042005 Chg-P CR2E034 (10/03)

FEI Number		Applied For
65-0516161		Not Applicable

Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # P94000063287				02-28-2005 90236 022 ***150.00	
1. Entity Name LAW OFFICES OF LOUIS F. ROBINSON, III PROFESSIONAL ASSOCIATION					
Principal Place of Business 1201 US HWY ONE STE. 210 PALM BEACH GARDENS, FL 33410 US			Mailing Address 1201 US HWY ONE STE. 210 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State North Palm Beach, FL			City & State North Palm Beach, FL		
Zip 33408			Zip 33408		
Country			Country		
6. Name and Address of Current Registered Agent ROBINSON, LOUIS F III 1201 US HWY ONE STE. 210 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City North Palm Beach, FL Zip Code 33408		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP PVTS ROBINSON, LOUIS F 1201 US HWY ONE, STE. 210 PALM BEACH GARDENS, FL 33410			TITLE NAME STREET ADDRESS CITY-ST-ZIP North Palm Beach, FL 33408		
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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, which is otherwise empowered.					
SIGNATURE: _____		Louis F. Robinson, III		02-25-04 (561) 659-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	