

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027026

1. Entity Name

JANICE ROBINSON-DAVIS, P.A.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90062 048 \*\*\*150.00

Principal Place of Business

411 LEE BLVD.  
LEHIGH ACRES FL 33936

Mailing Address

411 LEE BLVD.  
LEHIGH ACRES FL 33936-4900

2. Principal Place of Business

30 Colorado Rd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 364  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lehigh Acres FL

City & State

Lehigh Acres

4. FEI Number

65-0657092

Applied For

Not Applicable

Zip

33936

Country

USA

Zip

33970

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS-ROBINSON, JANICE  
127 DANIA CIR.  
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

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 JANICE ROBINSON-DAVIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Janice Robinson Davis 4/4/00

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

TITLE P ☐ Delete  
NAME ROBINSON-DAVIS, JANICE E  
STREET ADDRESS 127 DANIA CIR.  
CITY-ST-ZIP LEHIGH ACRES FL 33936

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE same ☒ Change ☐ Addition  
NAME same  
STREET ADDRESS 112 Greenwood AVE  
CITY-ST-ZIP Lehigh Acres FL 33936

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Janice Robinson Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

2-15-00

Date

Daytime Phone #

941-369-5041

CR2E034 (9/99)