

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021348

1. Entity Name

ROBINSON ACCOUNTING SERVICE INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90168 026 ***150.00

Principal Place of Business

1999 W COLONIAL DR
ORLANDO FL 32804

Mailing Address

1999 W COLONIAL DR
ORLANDO FL 32804-7045

2. Principal Place of Business

1801 E. Colonial Dr.

Suite, Apt. #, etc.

Suite 107

City & State
ORLANDO, FL

Zip
32803

Country
USA

3. Mailing Address

1801 E. Colonial Dr.

Suite, Apt. #, etc.

STE 107

City & State
ORLANDO, FL

Zip
32803

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3364411

Applied For

Not Applicable

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

ROBINSON, BARBARA
1999 W COLONIAL DR
ORLANDO FL 32804

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

Barbara J Robinson

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

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, BARBARA	
STREET ADDRESS	1999 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, FRANKIE	
STREET ADDRESS	1999 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, MAURICE	
STREET ADDRESS	1999 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1801 E. Colonial Dr. STE 107
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1801 E. Colonial Dr. STE 107
CITY-ST-ZIP	ORL. FL 32803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1801 E. Colonial Dr. STE 107
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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:

Barbara J Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

Daytime Phone #

CR2E034 (9/99)