

# 2002 UNIFORM BUSINESS REPORT (UBR)

03/10/02  
AV

**DOCUMENT # P96000102120**

1. Entity Name  
**ROBINSON, INC.**

FILED

02 MAY -8 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**301 W MAIN ST  
APOPKA FL 32712**

Mailing Address  
**301 W MAIN ST  
APOPKA FL 32712**

2. Principal Place of Business  
**7 S. Dillard St.**

3. Mailing Address  
**7 S. Dillard St.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE  
*Amendment*

City & State  
**Winter Garden, FL**

City & State  
**Winter Garden, FL**

Zip  
**34787**

Country  
**Orange**

Zip  
**34787**

Country  
**Orange**

4. FEI Number  
**59-3417107**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOY, LOREN J -  
301 W MAIN ST  
APOPKA-FL 32712**

7. Name and Address of New Registered Agent

Name  
**SUN S. HOLLETT**

Street Address (P.O. Box Number is Not Acceptable)  
**8024 Bright Court**

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32836**

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 *Sun S Hollett* **4/30/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLLETT, SUN S 301 W MAIN STREET APOPKA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOY, LOREN J 1531 YVONNE STREET APOPKA FL 32712</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P, HOY N. LEE 8024 BRIGHT COURT ORLANDO, FL, 32836</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P.T.S. HOLLETT, SUN S. 8024 BRIGHT COURT ORLANDO, FL, 32836</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000005574640--8 -05/20/02--01046--029 *****70.00 *****70.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sun S Hollett* **4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)