

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91589 012 ***150.00

DOCUMENT # **P99000014130**

1. Entity Name

Robinson Accounting of America Inc.

Principal Place of Business

Mailing Address

**1999 W. Colonial Dr.
 Orlando, FL**

A0070489

2. Principal Place of Business

1801 E. Colonial Dr.

3. Mailing Address

1801 E. Colonial Dr.

Suite, Apt. #, etc.

STE 107

Suite, Apt. #, etc.

STE 107

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3561071

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Robinson, Maurice
 1999 W. Colonial Dr.
 ORI. FL 32804**

7. Name and Address of New Registered Agent

Name **Maurice Robinson**

Street Address (P.O. Box Number is Not Acceptable)

1801 E. Colonial Dr. STE 107

City

Orlando

FL

Zip Code

32803

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

4/29/01

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, 2001 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 **DP** ☐ Delete
 NAME **Robinson, Frankie B**
 STREET ADDRESS **1999 W. Colonial Dr.**
 CITY-ST-ZIP **ORI. FL 32804**

TITLE **V** ☐ Delete
 NAME **Robinson, Barbara**
 STREET ADDRESS **1999 W. Colonial Dr.**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **1801 E. Colonial Dr. STE 107**
 STREET ADDRESS **Orlando, FL 32803** Address

TITLE ☒ Change ☐ Addition
 NAME **1801 E. Colonial Dr. STE 107**
 STREET ADDRESS **ORI. FL 32803** Address

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

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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 filers empowered.

SIGNATURE:

Barbara J. Robinson **4/29/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/00)