2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000034258** May 13, 2000 8:00 am Secretary of State CHRIS P. & JANELL ROBISON INC. 05-13-2000 90041 035 ***150.00 Principal Place of Business Mailing Address 4504 ANDREW JACKSON WAY 4504 ANDREW JACKSON WAY TALLAHASSEE FL 32303 TALLAHASSEE FL 32303-7348 2. Principal Place of Business 5075 FLAGSTONE COURT 3. Mailing Address 5075 FLAGSTONE COURT Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 34-0 351277S ALLAHASSEE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 303 32 30 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHR15 ROBISON ROBINSON, CHRIS P Street Address (P.O. Box Number is Not Acceptable) 4504 ANDREW JACKSON WAY TALLAHASSEE FL 32303 ALLAHASSES its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD CF ☐ Addition Delete TITLE ROBISON, CHRIS P. 5075 FLAGSTONE COURT ROBINISON, CHRIS S NAME 4504 ANDREW JACKSON WAY STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP **VSTD** VSTD Change ☐ Addition TITLE Delete TITLE ROBISON, TANELL S. ROBUSON, JANELL P NAME NAME 3075 FLAGSTONE COURT 4504 ANDREW JACKSON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-70 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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

CHEIS P. ROBISON

SIGNATURE: