

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060980

1. Entity Name
ROBINSON-STRONG FINANCIAL SOLUTIONS, INC.

Principal Place of Business
**35445 ESTES ROAD
EUSTIS FL 32736**

Mailing Address
**35445 ESTES ROAD
EUSTIS FL 32736-7731**

2. Principal Place of Business
**1301 NE 8th AVE
Suite, Apt. #, etc.
#3**

3. Mailing Address
**1301 NE 8th AVE
Suite, Apt. #, etc.
#3**

City & State
OCALA FLORIDA

City & State
OCALA FLORIDA

4. FEI Number
59-3586987

Applied For
☐ Not Applicable

Zip
34470

Country
USA

Zip
34470

Country
USA

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

**STRONG, JAMES W
35445 ESTES ROAD
EUSTIS FL 32736**

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 *James W Strong*
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, 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	D	<input type="checkbox"/> Delete
NAME	STRONG, JAMES W	
STREET ADDRESS	35445 ESTES ROAD	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, RONNIE L	
STREET ADDRESS	7 HEMLOCK TERRACE RUN	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James W Strong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000
Date

(352) 629-1133
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)