

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90249 023 ***150.00

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DOCUMENT # V23411

1. Entity Name

DICK ROBINSON & ASSOCIATES, INC.



Principal Place of Business

1 JOHN ANDERSON DRIVE

UNIT 304

ORMOND BEACH FL 32176

US

Mailing Address

P.O. BOX 1312

ORMOND BEACH FL 32175

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **Ormond Beach FL**

City & State

4. FEI Number **36-3566232**

Applied For
Not Applicable

Zip **32176** Country

Zip Country

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, JEAN C
1 JOHN ANDERSON DR #304
#304
ORMOND BEACH FL 32176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **ROBINSON RICHARD**
STREET ADDRESS **1 JOHN ANDERSON DR.**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **P** ☒ Change ☐ Addition
NAME **ROBINSON, JEAN C**
STREET ADDRESS **1 JOHN ANDERSON DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **VP** ☐ Delete
NAME **ROBINSON, JEAN C**
STREET ADDRESS **1 JOHN ANDERSON DRIVE, SUITE 304**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

JEAN C ROBINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2003
Date

Daytime Phone #

CR2E034 (10/02)