FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90040 023 ***158.75

DOCUMENT # 577228

1. Entity Name
ROBMAR DEVELOPMENT CORP.

94060228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3145 CARLOS DRIVE	3145 CARLOS DRIVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: DUNEDIN FLA.	City & State: DUNEDIN FLA.
Zip: 34698 Country: PINELLAS	Zip: 34698 Country: PINELLAS

DO NOT WRITE IN THIS SPACE

4. FEI Number: 166-28-3827 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN R. DIEM

Street Address (P.O. Box Number is Not Acceptable): 3145 CARLOS DRIVE

City: DUNEDIN FL Zip Code: 34698

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: _____ JOHN R. DIEM SEC/TREAS 4/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT P/D	TITLE	
NAME	ROBIN ANN SCOTT	NAME	
STREET ADDRESS	3145 CARLOS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FLA. 34698	CITY-ST-ZIP	
TITLE	SEC/TREAS S/T/D	TITLE	
NAME	JOHN R. DIEM	NAME	
STREET ADDRESS	3145 CARLOS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FLA, 34698	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SEC/TREAS 4/17/04 727-773-9056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #