

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F45857

FILED
Apr 30, 2003
Secretary of State

Entity Name: ROBEX INTERNATIONAL, INC.

Current Principal Place of Business:

6622 SOUTHPOINT DR., S
SUITE 310
JACKSONVILLE, FL 322166188

New Principal Place of Business:

Current Mailing Address:

6622 SOUTHPOINT DR., S
SUITE 310
JACKSONVILLE, FL 322166188

New Mailing Address:

FEI Number: 59-2174986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: ARCAINI, GIANNI B
Address: 7889 HUNTERS GROVE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: VTS () Delete
Name: TRAIT, PATRICK M
Address: 10 TENTH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TRAIT, PATRICK M
Address: 10 TENTH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VT () Change (X) Addition
Name: WEEKS, CONNIE
Address: 6858 PLUM LANE E.
City-St-Zip: JACKSONVILLE, FL 32222

Title: VS () Change (X) Addition
Name: BOLLMAN, INDIE B
Address: 612 15TH AVENUE S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIANNI B. ARCAINI

DCP

04/30/2003

Electronic Signature of Signing Officer or Director

Date