

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91162 033 ***150.00

DOCUMENT # F94000005789

1. Entity Name

Robroy Industries, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One River Road

Suite, Apt. #, etc.

3. Mailing Address

One River Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Verona PA

City & State

Verona PA

4. FEI Number

23-2926669

Applied For

Not Applicable

Zip

15147

Country

Zip

15147

Country

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

Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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

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) ☒

**January 1 - May 1 Fee is \$450.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO
McIlroy, Peter II
River Rd.
Verona PA 15147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
marshall, David
River Rd.
Verona PA 15147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
Deawe, MT
River Rd
Verona, PA 15147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Shoemaker, Judy L
River Road
Verona PA 15147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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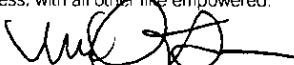
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

Daytime Phone #

CR2E034B (12/01)