

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90447 044 ***558.75

DOCUMENT # F98000001199

1. Entity Name
ROBOTIC WORKSPACE TECHNOLOGIES, INC.

Principal Place of Business
**16266 SAN CARLOS BOULEVARD
 FORT MYERS FL 33908**

Mailing Address
**16266 SAN CARLOS BOULEVARD
 FORT MYERS FL 33908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0530259

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBISON, LINDA R
 6450 PINE AVENUE
 SANIBEL FL 33957**

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

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, 2002 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 **PD** ☐ Delete
 NAME **WEISEL, WALTER**
 STREET ADDRESS **6624 DANIEL COURT**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE **C/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MESSER, JOSEPH S**
 STREET ADDRESS **6800 HAYWOOD DR**
 CITY-ST-ZIP **VICKSBURG MI 49097**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Helzerman, Thomas H.**
 STREET ADDRESS **10245 Bismark Palm Way #1416**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **VS** ☐ Delete
 NAME **MALINOWSKI, JOYCE**
 STREET ADDRESS **8752 BANYAN COVE CIRCLE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
 NAME **Johnson, Christopher**
 STREET ADDRESS **One Parklane Blvd., Suite 600E**
 CITY-ST-ZIP **Dearborn, MI 48126-2490**

TITLE **TD** ☐ Delete
 NAME **JOHNSON, LEROY**
 STREET ADDRESS **104 S. ADELAIDE**
 CITY-ST-ZIP **FENTON MI**

TITLE **T only** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MURPHY, JOHN**
 STREET ADDRESS **751 MAIN STREET**
 CITY-ST-ZIP **HARWICH MA 02645**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kroon, John**
 STREET ADDRESS **2960 Cove Trace**
 CITY-ST-ZIP **Charlottesville, VA 22911**

TITLE **D** ☒ Delete
 NAME **STOESSER, RICHARD**
 STREET ADDRESS **5120 RUSSELL ST**
 CITY-ST-ZIP **MIDLAND MI**

TITLE ☐ Change ☐ 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:

Joyce Malinowski
 JOYCE MALINOWSKI, VICE PRESIDENT

6/17/02

239-466-0488

Date

Daytime Phone #

CR2E034 (9/01)