

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90133 047 ***150.00

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

17105 San Carlos Blvd

3. Mailing Address

17105 San Carlos Blvd

Suite, Apt. #, etc.

A6151

Suite, Apt. #, etc.

A6151

City & State

Fort Myers Beach FL

City & State

Fort Myers Beach FL

Zip

33931

Country

USA

Zip

33931

Country

USA

4. FEI Number

65-0530259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



1000000000

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(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

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

TITLE **PD** ☒ Delete
NAME **HELZERMAN, THOMAS H**
STREET ADDRESS **10245 BISMARCK 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 **T** ☐ Delete
NAME **JOHNSON, LEROY**
STREET ADDRESS **104 S. ADELAIDE**
CITY-ST-ZIP **FENTON MI**

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

TITLE **D** ☐ Delete
NAME **KROON, JOHN**
STREET ADDRESS **2960 COVE TRACE**
CITY-ST-ZIP **CHARLOTTESVILLE VA 22911**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
April 7, 2003 (239-466-0488)

Date Daytime Phone #

CR2E034 (10/02)