

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G88125

1. Entity Name

AUTOMATION INNOVATORS, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90008 027 \*\*\*150.00

Principal Place of Business

1351 QUAIL RUN TRAIL  
SARASOTA FL 34232

Mailing Address

5436 FRUITVILLE RD  
201 STE  
SARASOTA FL 34232-6403

2. Principal Place of Business

2955 Bee Ridge Road

Suite, Apt. #, etc.

Suite B

3. Mailing Address

2955 Bee Ridge Road

Suite, Apt. #, etc.

Suite B

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34239

Country

USA

Zip

34239

Country

USA

6. Name and Address of Current Registered Agent

WINSLER, ROBERT J.  
1351 QUAIL RUN TRAIL  
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-2416061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

*Robert J. Winsler, Jr.*

ROBERT J. WINSLER, JR.

3-16-00

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, 2000 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

TITLE	D	WINSLER, ROBERT J.	<input checked="" type="checkbox"/> Delete
NAME		6200 PORTER RD	
STREET ADDRESS		SARASOTA FL	
CITY-ST-ZIP			
TITLE	DP	WINSLER, ROBERT J. JR.	<input type="checkbox"/> Delete
NAME		1351 QUAIL RUN TRAIL	
STREET ADDRESS		SARASOTA FL	
CITY-ST-ZIP			
TITLE	D	WINSLER, JEFFREY A.	<input checked="" type="checkbox"/> Delete
NAME		7535 CASTLE DRIVE	
STREET ADDRESS		SARASOTA FL	
CITY-ST-ZIP			
TITLE	D	WINSLER, ROBERTA A	<input checked="" type="checkbox"/> Delete
NAME		6200 PORTER RD	
STREET ADDRESS		SARASOTA FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	S	PEGGY WINSLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1351 QUAIL RUN TRAIL	
STREET ADDRESS		SARASOTA, FL 34239	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert J. Winsler, Jr.* ROBERT J. WINSLER, JR.

3-16-00

941-926-0950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (0/00)