

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-29-2002 90068 043 ****50.00

DOCUMENT # L01000014837

1. Entity Name

CFH ROBOTICS, LLC

Principal Place of Business

1020 NW 6TH ST., STE **E** **F**
 DEERFIELD BEACH FL 33442

Mailing Address

1020 NW 6TH ST., STE **E** **F**
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE F

Suite, Apt. #, etc.

~~STE F~~ **STE F**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3824428

Applied For

Not Applicable

5. Certificate of Status Desired - ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

HORD, KAREN - L.

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

5140 NE 31 Ave

City

Lighthouse Pt

FL

Zip Code

33064

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

Karen L. Hord

2-20-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **HORD, CHARLES F**
 STREET ADDRESS **1020 NW 6TH ST., STE. E**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-16-02

Date

954-429-9593

Daytime Phone #

CR2E083 (9/01)