

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90117 047 \*\*\*\*55.00

**DOCUMENT # L02000004742**

1. Entity Name  
**TOBOT, LLC**



Principal Place of Business  
**3904 CORPORATE PARK DRIVE  
SUITE 115  
TAMPA FL 33619**

Mailing Address  
**3904 CORPORATE PARK DRIVE  
SUITE 115  
TAMPA FL 33619**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3904 CORPOREX PARK**

3. Mailing Address  
**5951 MEMORIAL HWY**

Suite, Apt. #, etc.  
**DR - SUITE 115**

Suite, Apt. #, etc.  
**BOX #160**

City & State  
**TAMPA, FL**

City & State  
**TAMPA FL**

4. FEI Number  
**45-0469656**

Applied For  
Not Applicable

Zip  
**33619**

Country  
**USA**

Zip  
**33615**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROBBINS, R. JAMES JR.  
101 EAST KENNEDY BLVD.  
SUITE 3700  
TAMPA FL 33602**

Name  
**BRUCE A. BOTTORFF**

Street Address (P.O. Box Number is Not Acceptable)  
**3904 CORPOREX PARK DR**

**SUITE 115**

City  
**TAMPA**

FL

Zip Code  
**33619**

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 *Bruce A. Bottorff*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*01/05/03*  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MANAGING MEMBER  
BRUCE A. BOTTORFF  
8721 COBBLESTONE DR  
TAMPA FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MANAGING MEMBER  
JANET M. BOTTORFF  
8721 COBBLESTONE DR  
TAMPA FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Bruce A. Bottorff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*01/05/03*  
Date

Daytime Phone #

CR2E083 (10/02)