

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90180 045 ***150.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # P00000004236 | | | | | |
| 1. Entity Name TBOT, INC. | | | | | |
| Principal Place of Business 601 BAYSHORE BLVD. SUITE 830 TAMPA, FL 33606 | | | Mailing Address TRUST DEPT PO BOX 1 TAMPA, FL 33601-0001 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3617271 | |
| Zip | | Country | | Zip | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HANEY, R. REID 101 E KENNEDY BLVD. SUITE 4100 TAMPA, FL 33602 | | | 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 _____ <small>Signature, typed or _____ of registered agent and date of signature _____ Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete ARTHUR, WILLIAM F 601 BAYSHORE BLVD. SUITE 830 TAMPA, FL 33606 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary M. Mitchell 601 Bayshore Blvd., Suite 830 Tampa, FL 33606 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete TOLLE, DIRK V 601 BAYSHORE BLVD. SUITE 830 TAMPA, FL 33606 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Elsie Holland 601 Bayshore Blvd., Suite 830 Tampa, FL 33606 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mary M. Mitchell</i> / Mary M. Mitchell | | | | 3/26/2007 813-872-1304 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |

40050125



03262007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3617271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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, typed or

of registered agent and date of signature

Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Delete
ARTHUR, WILLIAM F
601 BAYSHORE BLVD. SUITE 830
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
Mary M. Mitchell
601 Bayshore Blvd., Suite 830
Tampa, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Delete
TOLLE, DIRK V
601 BAYSHORE BLVD. SUITE 830
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
Elsie Holland
601 Bayshore Blvd., Suite 830
Tampa, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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SIGNATURE: *Mary M. Mitchell* / Mary M. Mitchell

3/26/2007 813-872-1304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #