

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90061 042 ***158.75

DOCUMENT # P00000053113

1. Entity Name
ROBPAT, INC.



Principal Place of Business
**4015 N. ARMENIA AVE
TAMPA FL 33607**

Mailing Address
**4015 N. ARMENIA AVE
TAMPA FL 33607**

2. Principal Place of Business
4015 N. Armenia Ave
Suite, Apt. #, etc.

3. Mailing Address
8823 Stillwaters Landing
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL
Zip
33607
Country
Hill

City & State
River View FL
Zip
33569
Country
Hill

4. FEI Number
59-3668232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANSKY, GLEN R
LANSKY & COURTNEY, P.L.
313 E ROBERTSON ST
BRANDON FL 33511**

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 (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 **D** ☐ Delete
NAME **ROSENBERG, ROBERT**
STREET ADDRESS **8823 STILLWATERS LANDING**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☒ Delete
NAME **WEATHERS, PATRICIA**
STREET ADDRESS **9629 SHELDON WOOD LANE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03
Date

Daytime Phone #

CR2E034 (10/02)