

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059309

1. Entity Name  
**FUNK ROBOT CORPORATION**

Principal Place of Business  
**1111 CENTRAL AVE  
ST PETERSBURG FL 33705-1650**

Mailing Address  
**1111 CENTRAL AVE  
ST PETERSBURG FL 33705-1650**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAPA, FRANK T  
3221 10TH STREET NORTH  
ST PETERSBURG FL 33704-1203**

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PAPA, FRANK T**  
STREET ADDRESS **3221 10TH STREET NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33704-1203**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **KEVEN SCOTT**  
STREET ADDRESS **8498 SUNSET BLVD APT 21**  
CITY-ST-ZIP **LOS ANGELES, CA 90069**

TITLE **D** ☐ Delete  
NAME **QUICK, CHRISTOPHER**  
STREET ADDRESS **105 FAREHAM PL NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE **D** ☐ Delete  
NAME **CHANG, ALFREDO**  
STREET ADDRESS **321 W 55TH STREET # 3**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☒ Change ☐ Addition  
NAME **CHANG, ALFREDO**  
STREET ADDRESS **400 WALL ST #417**  
CITY-ST-ZIP **SEATTLE, WA 98121**

TITLE **D** ☒ Delete  
NAME **CASTANO, CARLO**  
STREET ADDRESS **656 BEACH DRIVE NE #9**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE **D** ☐ Delete  
NAME **GRAY, JOSEPH A**  
STREET ADDRESS **1036 MONTEREY BLVD NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE **D** ☒ Change ☐ Addition  
NAME **GRAY, JOE**  
STREET ADDRESS **1111 CENTRAL AVE**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33705**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3653342**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

CR2E034 (10/00)