

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90292 017 ***150.00

DOCUMENT #

P01000081896

1. Entity Name

ROBOCAB, INC.



DO NOT WRITE IN THIS SPACE

90066784

2. Principal Place of Business

7219 CHESTERHILL CIR.

3. Mailing Address

7219 CHESTERHILL CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MOUNT DORA, FL.City & State
MOUNT DORA, FL.

4. FEI Number

59-3743186

Applied For

Not Applicable

Zip

32757

Country

Zip

32757

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BEGLEY, CARL E.

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

7219 CHESTERHILL CIR.

City MOUNT DORA

FL

Zip Code
32757

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P
BEGLEY, CARL E.
7219 CHESTERHILL CIR.
MOUNT DORA, FL. 32757

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
BEGLEY, CARL E.
7219 CHESTERHILL CIR.
MOUNT DORA, FL. 32757

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VST
BEGLEY, DEW DROP
7219 CHESTERHILL CIR.
MOUNT DORA, FL. 32757

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
BEGLEY, DEW DROP
7219 CHESTERHILL CIR.
MOUNT DORA, FL. 32757

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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 on an attachment with an address, with all other like empowered.

SIGNATURE

CARL E. BEGLEY, PRESIDENT

3-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)