

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 037 ***150.00

DOCUMENT # P03000028033

1. Entity Name
PRIORIA ROBOTICS, INC.



Principal Place of Business
**104 NORTH MAIN STREET SECOND FL
GAINESVILLE, FL 32601**

Mailing Address
**104 NORTH MAIN STREET SECOND FL
GAINESVILLE, FL 32601**

2. Principal Place of Business - No P.O. Box #

104 N Main St

Suite, Apt. #, etc.

Suite 300

City & State

Gainesville FL

Zip

32601

Country

USA

3. Mailing Address

104 N Main St

Suite, Apt. #, etc.

Suite 300

City & State

Gainesville FL

Zip

32601

Country

USA



04282008

Chg-P

CR2E034 (12/06)

4. FEI Number

03-0511012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DA FROTA, BRYAN
3925 NW 23RD TERR
GAINESVILLE, FL 32605**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DA FROTA, BRYAN S CEO**
STREET ADDRESS **3925 NW 23RD TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Delete
NAME **RUBIN, AMIR C VP**
STREET ADDRESS **1324 NE 8TH ST.**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **D** ☐ Delete
NAME **GRZYWNA, JASON W VP**
STREET ADDRESS **2801 NW 23RD BLVD. APT.A8**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

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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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/08

Date

352-505-2188

Daytime Phone #